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Incivility of Coworker Behaviors and Minority Firefighters' Belongingness in the Workplace

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INCIVILITY OF COWORKER BEHAVIORS AND
MINORITY FIREFIGHTERS' BELONGINGNESS IN THE WORKPLACE

by

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ABSTRACT

INCIVILITY OF COWORKER BEHAVIORS AND MINORITY FIREFIGHTERS' BELONGINGNESS IN THE WORKPLACE

Alyssa Reiter
Old Dominion University, 2021
Chair: Dr. Gülşah Kemer

Research with firefighters continues to indicate that this population is particularly vulnerable to development of mental health conditions as a result of their professional roles (International Association of Firefighters [IAFF], 2019; Stanley et al., 2017; Substance Abuse and Mental Health Services Administration [SAMHSA], 2018) and minority firefighters may be at heightened risk as a result of their experiences within the fire service. An answer to this concern may lie in the exploration of belonging and uncivil behaviors, as research has demonstrated that belonging in the workplace serves to reduce mental health symptoms and enhance an individual's ability to cope with stressors and workplace trauma (Cockshaw & Shochet, 2010; Shakespeare-Finch & Daley, 2017), while uncivil behaviors have been linked to decreased work performance and detriments to mental health (Kunkel & Davidson, 2014; Porath, Foulk, et al., 2015; Porath & Gerbasi, 2015; Porath, Gerbasi, et al., 2015; Porath & Pearson, 2012). Therefore, to better understand minority firefighters' experiences with uncivil coworker behaviors that influenced their sense of belonging in their workplace, I used Concept Mapping design (CM; Kane & Trochim, 2007). Ten firefighters that self-identified as racial minorities generated 73 statements describing behaviors that decreased their feelings of belonging. These statements were organized into four regions encompassing seven clusters. I discussed findings of the current study with implications for mental health professionals' treatment of firefighters,

counselor education, and the fire service as a whole as well as the limitations to the study and suggestions for future research.

Keywords: minority firefighters, co-workers, incivility, belonging, workplace

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CHAPTER 1

Introduction

This chapter begins by explaining the background of the proposed study, followed by the significance and purpose of the study. The chapter concludes with a presentation of the research questions that guided the study as well as definitions of key terms in this research.

Background of the Problem

Researchers have explored professional responsibilities that put firefighters at risk for developing mental health symptoms and methods for preventing the development of severe mental health issues as well as managing existing mental health diagnoses (Choi et al., 2017). Firefighters are likely to develop PTSD, depression, anxiety, and experience interpersonal issues due to stress they experience throughout their careers (Boffa et al., 2017; Smith et al., 2018; Straud et al., 2018). In 2015, Stanley et al. reported that 66% of firefighters polled had experienced suicidal ideations, 19.2% of those had engaged in suicide planning, and 15.5% had already made at least one suicide attempt. In a 2018 study, Ruderman Family Foundation identified deaths by suicide surpassed line-of-duty deaths among firefighters and police in 2017 (Heyman et al., 2018). Work-related stressors inherent to the fire service, such as trauma exposure and inconsistent sleep schedules, have been linked to increased mental health symptoms and subsequent suicidal ideations and suicide attempts (Choi et al., 2017; Stanley et al., 2015). However, social factors that serve to exacerbate or mitigate mental health outcomes have just begun to receive attention of the researchers (Armstrong et al., 2016; Chu et al., 2016; Stanley et al., 2018). Although it is clear from the literature that multiple factors heighten the risk of mental health symptoms among firefighters (Choi et al., 2017; Stanley et al., 2015), few studies have addressed specific dynamics in the fire service that could influence mental health

symptoms. In these studies, sense of belongingness appeared as a critical concept that was related to decreased depressive symptoms, suicidality, and psychological distress among first responders that were repeatedly exposed to traumatic experiences (Armstrong et al., 2016; Cockshaw & Shochet, 2010; Haslam & Mallon, 2003). Despite the critical role of belongingness on the improved mental health outcomes as well as increased sense of well-being and decreased psychological distress (Holden et al., 2018), researchers have not examined different levels of belongingness in the fire service. Exploration of belongingness as a mitigating factor for development of mental health symptoms in firefighters is important as it is becoming ever apparent that greater resources are needed to address the mental health of first responders, particularly firefighters (International Association of Firefighters [IAFF], 2019; Stanley et al., 2017; Substance Abuse and Mental Health Services Administration [SAMHSA], 2018).

Belongingness is described as “the extent to which the individual feels personally accepted, respected, included and supported by others in the organizational environment” (Cockshaw & Shochet, 2010, p. 284). Although multiple factors can influence sense of belonging, as its definition suggests, belongingness is a subjective and relationally defined concept. Lakey and Orehek (2011) found that ordinary social interactions have the greatest influence on whether an individual feels socially supported or not, which is a primary component of belongingness (Cockshaw & Shochet, 2010). From this, it can be inferred that daily interactions between firefighter crew members would greatly impact sense of social support, belonging, and ultimately serve to mitigate the impacts of trauma and work-related stressors.

Researchers have concluded that civility effectively predicts positive outcomes in the workplace, while incivility has a disastrous impact on mental health symptoms and work performance in multiple professions (Kunkel & Davidson, 2014; Porath, Foulk, et al., 2015;

Porath & Gerbasi, 2015; Porath, Gerbasi, et al., 2015; Porath & Pearson, 2012). Andersson and Pearson (1999) defined civility as “behavior involving politeness and regard for others in the workplace, within workplace norms for respect” (p. 454). On the other hand, incivility is defined as “acting rudely or discourteously, without regard for others, in violation of norms for respect in social interactions” (Andersson & Pearson, 1999, p. 455). Existing research has shown that incivility resulted in decreased cognitive performance, creative problem solving, and overall work performance along with increased negative mood states for those who are treated with incivility in the workplace (Porath, Foulk, et al., 2015; Porath & Pearson, 2012). Additionally, similar effects have also been seen in coworkers of those treated with incivility, although they have not been the target of uncivil acts (Porath, Foulk, et al., 2015). Therefore, research on incivility to date has alluded to the connection between uncivil behaviors and decreased sense of belonging in those who experience these behaviors, which could also manifest as microaggressions and/or microassaults toward minority firefighters in a fire department.

Fire Service

While each fire department operates differently, there are some aspects of a firefighter’s duties that are relatively consistent, regardless of which department employs the firefighter. Generally, firefighters complete 24-hour shifts with rotating schedules that vary anywhere from 24 hours to four or five days off consecutively (Baltimore County Government, 2021; City of Virginia Beach, n.d.; Frederick County Government, n.d.). Upon beginning their shifts, firefighters check all equipment and personal protective gear. At this time, general fire truck maintenance, cleaning, and organization around the station is completed. Depending on the captain and crew members, a daily agenda may be discussed to include physical training, review of Standard Operating Procedures (SOP’s), drills of particular scenarios, public events,

continuing education trainings, pre-fire planning, hydrant maintenance, and many other duties that are performed throughout the day or week. While a general schedule of activities is typically planned for the day, firefighters are expected to respond to emergency events if they are not taken out of service to perform these activities. Emergency calls typically involve medical emergencies and responding to an active or suspected fire. Crews usually prepare meals and eat together, although scheduled mealtimes may be altered due to responding to an emergency situation. Although most firefighters retire to bed around 10pm, they are likely to be woken in the night to respond to emergencies; therefore, they are permitted to sleep during their shifts, but sleep is not guaranteed (Baltimore County Government, 2021; City of Virginia Beach, n.d.; Frederick County Government, n.d.)

Possessing an understanding of the existing social culture within the fire service was an important component of this study. One aspect that heavily influences the culture of the fire service is the organizational structure within which firefighters function. The fire service is considered to be a paramilitary profession, where many structural elements of how the profession functions resemble those of the military (Baltimore County Government, 2021). In other words, similar to the military, individuals in the fire service follow a hierarchy and chain of command protocol for managing day-to-day tasks, but most importantly when being dispatched and responding to emergency calls. As a traditionally male dominated profession, the tasks of this profession are often considered masculine and the profession is prone to what many refer to as “the masculinity contest” (Berdahl et al., 2018; Reid et al., 2018). Research has demonstrated that the profession of firefighting often perpetuates masculinity contests by behaviors that are close-knit in a small group and exclusionary of larger groups within the profession, emphasizing physical fitness out of necessity to perform, and suppressing emotional responses in order to

function effectively, although it has also demonstrated opposition to these tendencies through value of work-life balance and prioritization of family that is not seen in other male-dominated professions (Reid et al., 2018).

Another unique component of the fire service is the use of humor to cope with adversity, whether it be work-related traumas or organizational challenges, which was a consistent finding across genders (Eriksen, 2019; Moran & Roth, 2013; Scarborough, 2017; Tracy & Scott, 2006). Often the humor used to cope and create connection among firefighters may be considered offensive, inappropriate, or insensitive to individuals that are not part of the crew and may be intentionally or unintentionally exclusionary (Moran & Roth, 2013; Tracy & Scott, 2006). This is particularly significant considering the *brotherhood* and *sisterhood* often referenced when discussing the nature of relationships between firefighters. Multiple studies have revealed that social support from fellow firefighters, particularly the crew members a firefighter works with regularly, influences sense of overall wellbeing and enjoyment of their career (Jacobsson Backteman-Erlanson, Brulin, & Egan Sjolander, 2020; Jacobsson, Backteman-Erlanson, & Egan Sjolander, 2020).

Minority Firefighters

Multiple studies have implicated that lack of belonging among minorities may hinder the development of self-identity and increase mental health symptoms. Further, minorities may turn to majority group members to determine their level of belonging in a particular environment (Chu et al., 2019; Ghavami et al., 2011; Simonsen, 2018). Although the Bureau of Labor Statistics (2017, 2019) has shown a large increase in the number of career firefighters in the U.S. from 283,000 to 318,000 between 2017 and 2019, only a marginal increase in minority firefighters was shown overall with a decrease in the proportion of female firefighters. Of the

firefighters surveyed, 88.5% were White in 2017 compared to 86.7% in 2019, 7.7% were Hispanic/Latino in 2017 compared to 11.6% in 2019, 7.5% were African American compared to 8.5% in 2019, and 1% were Asian in 2017 compared to 1.3% 2019, while 3.5% of the overall fire service was comprised of women in 2017 compared to 3.3% in 2019. Speculation may be made regarding the reason for this low proportion of diverse firefighters, but no research has addressed factors that may deter minority firefighters from joining the fire service. Further, no research has addressed minority firefighters as a particularly vulnerable population given the level of employment stress they are exposed to – not accounting for workplace dynamics such as coworker interactions. Minorities make up a very limited but an important portion of the fire service in a profession that is comprised of predominantly heterosexual, Caucasian males. Therefore, when using the term “minority firefighters” in this study, I am referring to racial minorities participants may have intersecting racial and gender minority identities. It is important to focus specifically on one minority group, in this case racial minorities, to understand behaviors that influence sense of belongingness, which may differ across different minority groups. Particularly, understanding interactions with coworkers that hinder sense of belongingness could provide valuable insight into what belongingness messages minority firefighters are perceiving from their coworkers. Such an understanding may be a steppingstone towards development of programming that can serve the mental health needs of firefighters and promote a workplace environment that can mitigate the intensity of the traumas that are an inherent part of this career path.

Significance of the Study

My intention in this study was to identify specific coworker behaviors that hinder sense of belonging among minority firefighters an initial effort to attend to broader mental health needs

of minority firefighters. The findings of this study could offer potential implications for clinical practice with professionals in the fire service and for fire departments nationally. For example, findings from this study may be used to mitigate work-related stressors, thus potentially reducing likelihood of pervasive mental health symptoms among a vulnerable population, minority firefighters. Beginning with counselor training, the specific coworker behaviors identified in this study could further inform multicultural education of counseling students and better prepare them for working with diverse individuals working in the fire service or other similar professions. Additionally, practitioners may utilize the findings to increase their awareness of the unique needs of minority firefighters, promoting better therapeutic work, and understanding of the systemic implications of employment as a minority in the fire service. Although counselors and fire departments alike are developing ways of proactively addressing mental health among firefighters (International Association of Firefighters [IAFF], 2020; Mikulan, 2019), no programs currently exist to address aspects of workplace culture that could promote greater resiliency and diminish the impact of traumatic events among this high-risk population. Further, while current trends predict that the number of firefighters employed in the U.S. will grow six percent by 2029 (Bureau of Labor Statistics, 2021), the rate of retention of this growth is unclear, despite some initial efforts that have demonstrated that existing protocol serves to promote retention of minority firefighters (Miller et al., 2016). The findings of this study may contribute to understanding factors that influence recruiting and retention of more diverse firefighters, lend to development of counseling programs and fire service protocol that promote more positive mental health outcomes among firefighters. In particular, using the findings from this study, Employee Assistance Programs (EAPs) and substance abuse programs serving firefighters may develop and implement specific interventions and advocacy efforts to enhance wellness and resiliency among

minority firefighters based on the concepts identified to promote or hinder belonging in this study.

In this study, I aimed at defining the enigmatic construct of belonging by utilizing participant voices and experiences to understand what behaviors promote or hinder their own sense of belonging as minority firefighters. While the topic of belonging in the fire service has been addressed in research, no measures exist to assess sense of belonging among firefighters. Although no measure will be developed as a result of this study, findings may be utilized in the future to compare with results of the general population of firefighters and ultimately to develop a general belonging assessment for firefighters. This type of measure would be useful to better understand vital factors that impact the mental health of firefighters. Further, these findings could be utilized as a comparison by which agencies could assess departmental culture which could invoke change in departmental culture through creation of protocol and training measures that promote diversity and enhance interpersonal connections. Future research may directly address how the belonging themes identified in this study relate to mental health symptoms.

Purpose of the Study

The purpose of the study was to examine minority firefighters' descriptions of behaviors that reduce their sense of belongingness in their workplace. By attending to this aim, I hoped to be able to inform interventions for mental health practitioners' work with firefighters, contribute to knowledge in multicultural counseling education specific to the fire service, and highlight the unique needs of minority firefighters with the goal of promoting mental health programs in the community and within the fire service.

Theoretical Framework

I utilized Lakey and Orehek's (2011) Relational Regulation Theory (RRT) as the theoretical framework for this study. The first five of the eight key principles of RRT served as the primary guide to this study. Principles six through eight were not utilized for this study as they pertained to specific relational regulation interventions and regulation through multiple social contexts, which this study was not designed to address. These key principles are: (1) Affect, action, and thought are primarily regulated through social interaction; (2) Social interactions that promote affect regulation are relationally driven and unique between individuals; (3) Relational regulation occurs primarily through ordinary social interactions as opposed to stressful events; (4) Relational regulation occurs through conversation and shared activities, which contribute to the way they view the individuals around them; and (5) Individuals perceive support based on ordinary social interactions and sometimes on enacted social support (Lakey & Orehek, 2011). Building upon Lakey and Orehek's assertions, I believe that the ordinary daily interactions most people would not identify as significant can impact an individual's ability to cope with stressors and must be factored into their perceived level of support, or sense of belonging. For example, minority firefighters may experience increased or decreased belongingness based upon what others would generally consider minor, inconsequential comments or actions in their workplace. Therefore, being particularly adept at explaining such relational aspects of affect regulation and perception of social situations, RRT is well-suited to this study where I sought to understand relational experiences that influenced belonging among minority firefighters. This framework also sets the stage for the subjective and relationally defined concepts such as sense of belonging and civility which were explored in this study.

Research Design

In this study, I utilized an exploratory sequential mixed methods design, Concept Mapping (CM), that gives voice to participants while structuring their feedback into meaningful patterns (Kane & Trochim, 2007). CM allows for participants to be intimately involved in the research process by engaging through multiple stages of data collection including developing an initial list of behaviors, sorting the list of behaviors identified, and interpreting the visual representations obtained through statistical analyses. CM methodology has been demonstrated to explore abstract research constructs and extend current knowledge through development of conceptual frameworks that inform future research and instrument development (Kane & Trochim, 2007; Nabitz et al., 2017). Thus, the use of CM methodology lent itself to further understanding of the complex concept of belonging among minority firefighters through their own experiences.

Research Question

In this study, I addressed the following research question:

What uncivil coworker behaviors have minority firefighters experienced that have hindered their feeling of belonging in their department?

Definition of Terms

Belongingness

For the purposes of this study, belongingness refers to “the extent to which the individual feels personally accepted, respected, included and supported by others in the organizational environment” (Cockshaw & Shochet, 2010, p. 284). This definition was specifically developed to reflect belongingness in a work environment, making it well-suited for this study. Further, this

definition highlights the multifaceted and interpersonal nature of belongingness which will be studied in this research.

Career firefighter

The term career firefighter is used synonymously with the term professional firefighter in this study. The term career firefighter refers to firefighters that are full-time, salaried employees with a fire department in contrast to those who volunteer with the fire service. Career firefighters make up 33% of the firefighters in the U.S. yet serve 68% of the U.S. population (Evarts & Stein, 2020). It is important to distinguish between career and volunteer firefighters in this study due to the many differences that exist between the two, despite a similar job description. Such differences may include length of exposure to traumatic events, investment in the profession (i.e., volunteers often hold a paid position in a different profession as well), access to mental health and peer support services, rigor of recruitment process, and access to training (Stanley et al., 2017).

Civility

Andersson and Pearson (1999) define civility as “behavior involving politeness and regard for others in the workplace, within workplace norms for respect” (p. 454). While this study will not request participants to directly identify civil behaviors, it is anticipated that behaviors that promote belonging will fall within the general description of civil behaviors or civility. Of note is the term “norms for respect,” which is subjective in and of itself. This highlights the focus on the particular experiences of minority firefighters and whether the culture of their workplace communicates respect in a way that translates across cultures.

Incivility

Incivility is defined as “acting rudely or discourteously, without regard for others, in violation of norms for respect in social interactions” (Andersson & Pearson, 1999, p. 455). Similar to the above definition, this term is expected to encompass behaviors that minority firefighters will identify as hindering their sense of belonging in the workplace. It is important to note that incivility is a subjective experience and this study will help identify specific transgressions that result in minority firefighters feeling as if they do not belong in their workplace.

Minority firefighter

Perkins and Wiley (2014) assert that “A minority or minority group is a subgroup of the population with unique social, religious, ethnic, racial, and/or other characteristics that differ from those of a majority group” (p. 14). Further, regardless of whether the group is a numerical minority, the term indicates a group that experiences oppression and discrimination at the hands of a group that holds greater social power (Perkins & Wiley, 2014). This definition translates to the fire department and suggests that any individual that is not a White, heterosexual, Christian male is, in fact, a minority. Subsequently, the term minority firefighter indicates any racial, gender, and/or sexual orientation.

Ordinary social interactions

Ordinary social interactions entail day-to-day interactions that may be casual in nature (Lakey & Orehek, 2011). Specifically, Lake and Orehek (2011) differentiate these interactions from those that are intended to seek emotional support, for example in the case of a stressful event. This term represents most social interactions in a work setting. Although at times coworkers may call upon one another for social support, typically interactions are more general in nature and less emotionally driven.

CHAPTER 2

Literature Review

In this chapter, the theoretical orientation, Relational Regulation Theory (RRT) is summarized. Next, I present research on workplace belonging and minority belonging as it relates to firefighters that identify as minorities. The chapter concludes with an overview of current research on civility and incivility in the context of the study.

Theoretical Framework: Relational Regulation Theory (RRT)

While there are many theories available to consider interpersonal interactions and their impact on mental health, Lakey and Orehek's (2011) Relational Regulation Theory (RRT) was deemed best to draw the theoretical framework for the current study. Researchers reported that RRT more accurately described the influence of ordinary social interaction on affect in comparison to other models, such as stress and coping theory and capitalization support theory (Shorey & Lakey, 2011). Thus, in the present study, I attempt to understand the influence of coworker behaviors (ordinary social interactions) on belongingness among minority firefighters. Further, this framework alludes to the impact ordinary social interactions may have on affect regulation and ability to cope with stressful events, which firefighters face on a daily basis.

While other models do not account for the influence of the relational aspects of affect regulation, research on RRT demonstrated that relational features were about nine times more predictive of affect regulation through social interaction than the traits specific to the person with whom an individual was interacting (Lakey, 2010; Lakey et al., 1996). For example, in previous studies, researchers utilized Cognitive Appraisal Theory (CAT) to understand how civility influences wellness and mental health (Porath & Pearson, 2012). Accounting for only a part of what I sought to understand in this study, CAT situates understanding of civility through a lens

of how an individual perceives another's actions and the likelihood of those actions as a threat to them (Lazarus, 1999). Therefore, despite encompassing the relational and intrapersonal processes that are inherent to RRT, CAT may not be as adept at explaining the positive influences on affect regulation (e.g., workplace belongingness).

RRT expands upon CAT's view of civility and belonging by discerning between interpersonal and internal influences on perceived social support and mental health with eight key principles. Although all of these principles are valuable in understanding these complex dynamics, five of these principles were critical to emphasize in the present research. First, RRT posits that individuals "regulate their affect, action, and thought primarily through social interaction" (Lakey & Orehek, 2011, p. 486). This component of RRT highlights the impact of social interactions, whether a part of intimate relationships or acquaintance relationships, on an individual. The emphasis on social interaction was a key aspect of the current study as both civility and belonging are relationally defined terms, contextualized by social interactions. Regardless of whether the relationship is intimate or cordial, coworker behaviors can influence minority firefighters' belongingness, particularly because of the 24-hour shifts served together in an environment often likened to a family. Subsequently, since perceived social support (as a subjective and relationally defined construct) is influenced by both interpersonal dynamics and an individual's perceptions of another's behaviors, coworkers' civil behaviors are critical factors contributing to minority firefighters' belongingness (Ghavami et al., 2011; Lakey & Orehek, 2011; Porath, Foulk, et al., 2015; Porath & Pearson, 2012).

The second key principle suggests that interactions contribute to perceived social support are "based primarily on ordinary social interaction," or in other words, day-to-day social interactions that are not necessarily emotionally driven (Lakey & Orehek, 2011, p. 488). Thus,

perceived social support can be impacted by ordinary interpersonal contact as well as through the creation and maintenance of intimate relationships, which does not require any extraordinary efforts on the part of the department and may be closely related to civil behaviors. Lakey et al. (2015) conducted three separate round robin studies to determine if ordinary social interactions predicted perceived social support in different populations (i.e., Marines pre-deployment to Afghanistan, college roommates, and strangers). Members of each group rated their perceived level of social support from other members of their group using multiple questionnaires (Lakey et al., 2015). While the Marines in the first study and the college roommates in the second study were already familiar with one another, the strangers in the third group rated one another solely based on a brief text exchange prior to completing their questionnaires. Between dyads in each of these groups, ordinary social interactions were the primary predictor of perceived social support and positive affect (Lakey et al., 2015). It is valuable to note that in these studies, all but the strangers were paired with individuals that shared similar identities (e.g. “Marine” or “college student”), yet this did not result in major differences between the groups in regard to perceived social support and positive affect. Thus, individuals may not need a pre-existing relationship with another individual, nor do they need substantial commonalities to be positively impacted by others. An explanation of this may be a third principle of RRT, “relational regulation occurs primarily through conversation and shared activities that elaborate on recipients’ cognitive representations of relationships and quasi relationships” (Lakey & Orehek, 2011, p. 488). In other words, continued interaction with an individual builds upon either positive or negative feelings experienced with that person, regardless of the pre-existing relationship or commonalities. Researchers also reported that the Marines were the only group whose ordinary social interactions also significantly reduced ratings of negative affect (Lakey et al., 2015).

Therefore, negative affect reduction through ordinary social interactions may occur in more intimate coworker relationships, such as those innate to a profession such as the military, or in this case firefighting, further supporting the need for the current study.

While ordinary social interaction may be enough to create a sense of social support, another key principle of RRT (Lakey & Orehek, 2011) indicates that “perceived support is based primarily on relational regulation of affect through ordinary interactions but sometimes also on enacted support” (p. 489). In other words, these day-to-day interactions may influence whether an individual will draw from social supports under high levels of stress. These findings were corroborated by Rodwell and Munro’s (2013) conclusions that psychological distress and depression decreased while job satisfaction increased among nursing staff when accounting for supervisory support. This study highlighted how supervisory support and positive social interactions in a stressful and highly demanding environment can serve to mitigate mental health symptoms and improve job satisfaction, which are both outcomes that research has demonstrated result from civility and belonging independently (Armstrong et al., 2016; Cockshaw & Shochet, 2010; Lambert et al., 2013; Porath, Foulk, et al., 2015; Porath, Gerbasi & Schorch, 2015). These same themes are present in Cockshaw and Shochet’s (2010) tenets of belongingness, which comprise acceptance, inclusion, and support. The findings of the original RRT research and subsequent studies provide evidence that social interactions must be reciprocal in nature in order to promote relational regulation. Further, perceived social support is initially judged based on ordinary interactions, but is further drawn upon during stressful or traumatic events if an individual has perceived social support at lower levels of distress (Lakey & Orehek, 2011). Thus, the reciprocal and shifting nature of social support is important in understanding the nature of belonging among both majority and minority firefighters, though minority members of the fire

service may experience more incivility and less belongingness, which could be linked to increased mental health symptoms.

Workplace Belonging

Firefighters represent a unique demographic where career is often intertwined with personal identity. As a profession where trauma and high physical demands are abundant, successful execution of work tasks requires a high level of cohesion and belonging among crew members. It is relevant to ask why training and experience alone are not enough to perform in high-stress situations, as split-second decision making is often attributed to these factors. Though these are important factors in the performance of a professional firefighter, the interpersonal dynamics of the job have far reaching implications for both work performance and mental health. Cockshaw and Shochet (2010) assert that belongingness is “the extent to which the individual feels personally accepted, respected, included and supported by others in the organizational environment” (p. 284). In their quantitative study of organizational belongingness, Cockshaw and Shochet (2010) found that the absence of experienced belongingness, particularly the statement “sometimes I don’t feel as if I belong here,” was predictive of depressive symptoms. This leads to the question of what can be done to improve sense of belongingness, and herein lies the value in exploring the relationship between civility and belongingness. Exploration of this relationship may have implications on future programming and supports put in place for the unique needs of firefighters.

Cockshaw and Shochet (2010) found that belongingness in the workplace was negatively correlated with depressive symptoms and anxiety. They also reported that “how an individual believes they are appraised and valued by others appears to be more important with regard to depressive symptoms than the extent to which they positively appraise their workplace”

(Cockshaw & Shochet, 2010, p. 288). This being said, the quality of interpersonal relationships is more impactful than environment of the organization as a whole. These findings are particularly pertinent for firefighters who complete 24 hours shifts with their designated crew and, even more than most Americans, spend many significant occasions with their crew members (e.g., birthdays, holidays, socialization, training, life-altering events, etc.). Thus, belonging in a workplace environment that has traditionally been likened to a *family* may hold even more weight for professional firefighters. Conversely, four separate quantitative studies linked feelings of belonging with greater appraisal of life meaning and decreased likelihood of suicidality (Lambert et al., 2013), underscoring that sense of belonging is important in managing mental health symptoms that may arise in this career path. Further illustrating this point, Shakespeare-Finch and Daley (2017) assessed emergency services employees using a battery of surveys and found workplace belongingness to be a positive predictor of resilience and a negative predictor of distress.

Trauma is a common concern within the fire service. In their 2016 study, Armstrong, et al. discovered that workplace belongingness can be a mitigating factor between trauma and posttraumatic stress disorder (PTSD) or other pervasive mental health symptoms for first responders. The results of this study indicate that, although trauma is inevitable in this field, post-traumatic growth and successful management of mental health symptoms are more likely among firefighters that experience a higher sense of belonging in their workplace. Stanley et al. (2018) corroborated these findings and emphasized their application to women in the fire service who are reportedly more likely to develop symptoms of PTSD (e.g., intrusive thoughts, flashbacks, nightmares, changes in mood and worldview, etc.). Further, Chu et al. (2016) found thwarted belongingness among primarily White, male firefighters to be one of three factors that

impacted career suicidality among career firefighters. Though these findings are of value as they indicate that thwarted belongingness is an independent and substantial factor in mental health outcomes, their lack of applicability to a minority population is noted as it does not account for the unique experience of belonging minority members of the fire service may experience.

Workplace Belonging Among Minority Firefighters

Although past research has explored general sense of belongingness among minorities, to date, researchers have not addressed sense of belonging in the workplace among minority firefighters. Ghavami et al.'s (2011) study underscored the likelihood that multiple minority identities can have a sizeable impact on sense of belonging and well-being. Over the course of three separate cross-sectional quantitative studies, Ghavami and colleagues explored how identity achievement and identity affirmation impacted well-being among ethnic minority and sexual minority individuals. Among those minority individuals who indicated identity achievement and positive feelings regarding their belonging within their social group, an increased sense of well-being was reported (Ghavami et al., 2011). This is particularly relevant when considering the repercussions of thwarted belongingness, which was also reported to impact sleep problems and suicidality, while belongingness had positive mental health outcomes among sexual and gender minorities (Chu et al., 2019).

While past research focused on belonging in either majority or minority members individually, a qualitative study of Middle Eastern Danish citizens revealed that second generation immigrants experienced varying levels of belonging and non-belonging compared to Danish citizens (Simonsen, 2018). A particularly important finding of Simonsen's study was that a majority of the participants relied heavily on how the majority group defined what it meant to be in the majority group of Danes. Further, many relied on physical characteristics that allowed

them to *pass* and, therefore, feel that they were perceived as Danes. These implications carry into the present study as they suggest that the majority group members are in control of creating the norms and *in-group* as well as *out-group* expectations. Given that the United States (U.S.) fire service is based heavily on tradition which has historically been dictated by heterosexual, Caucasian males, minority views most likely are underrepresented in the traditions of the fire department, which may be increasingly pervasive in some regions of the U.S. Thus, minority members of the fire service may be left to rely on their majority group members to *define* their belongingness in their chosen profession and some of this belongingness may be communicated through acts of civility or incivility. Therefore, in the present study, I sought to understand how workplace behaviors communicating incivility impacted sense of belonging among minority firefighters. The relevance of civility and incivility in minority firefighter belongingness is discussed in the following sections.

Civility and Incivility

Andersson and Pearson (1999) defined civility as “behavior involving politeness and regard for others in the workplace, within workplace norms for respect” (p. 454). On the other hand, incivility is defined as “acting rudely or discourteously, without regard for others, in violation of norms for respect in social interactions” (Andersson & Pearson, 1999, p. 455). Further, incivility represents behaviors that are more subtle and covert in comparison with behaviors such as outright bullying (Kunkel & Davidson, 2014), which may result in these behaviors receiving less recognition as problematic behaviors within an organization, though incivility is equally impactful as these overt acts (Porath, Foulk, et al., 2015; Porath & Pearson, 2012). These definitions have formed the foundation for multiple subsequent studies on civility and incivility. It is important to note that these concepts are subjective and, thus, describe a

phenomenon that is unique to each individual. While civility and incivility may describe different behaviors depending on the setting in which an individual is employed, Andersson and Pearson (1999) assert that across different settings civility has been shown to maintain mutual respect among coworkers while incivility disrupts this mutual respect.

Civility and incivility go beyond these basic definitions, though. These concepts have drastic implications for those who face incivility in the workplace. As described previously, incivility is often difficult to see overtly, thus the harmful repercussions are typically the residual effects of repeated exposure to incivility in the workplace (Porath, Foulk, et al., 2015). Though these residual effects may be more pervasive, incivility can result in immediate repercussions such as decreased cognitive performance, decreased memory recall, and decreased creativity (Porath, Foulk, et al., 2015). These effects are not limited to those that directly experience incivility. In fact, those who are bystanders to uncivil exchanges have been shown to demonstrate similar decline in cognitive performance and creativity as those directly involved (Porath, Foulk, et al., 2015). The implications of these findings are far reaching, confirming what common knowledge already tells us; the actions of a few employees can drastically alter the culture of the workplace.

Civility and Incivility in the Workplace

Qualitative research on incivility has shown that incivility negatively impacts working memory, which is responsible for solving complex problems (e.g. puzzles), creativity, and visual tasks that include attention (e.g., inattention blindness) (Porath, Foulk, et al., 2015; Porath & Pearson, 2010). Firefighters are often called on to respond to needs that require complex cognitive functions such as assessing clients' medical symptoms, administering medication, and, of course, establishing a plan for fighting fires, which sometimes invokes the need for creativity

and innovation as well. All of these are activities that go beyond “muscle memory” and require complex cognitive processes that have been demonstrated to be blocked by exposure to incivility. Beyond impacting ability to perform work tasks, individuals exposed to incivility are primed for more aggressive emotional states and are more likely to both focus on uncivil acts of others and perform uncivil actions themselves following exposure (Porath, Foulk, et al., 2015; Porath & Pearson, 2012). Further, incivility results in other disruptive emotional states, such as fear and sadness (Porath & Pearson, 2012).

Incivility does not just impact individuals, it can also impact the functioning of a team, such as a crew of firefighters. Porath, Foulk, et al. (2015) found that teams exposed to incivility, whether internal or external to the group, experienced a decrease in work sharing behaviors, information sharing behaviors, and helping behaviors. Similar to the medical staff on which these studies were conducted, firefighters are required to work as a team by sharing information and helping one another in order to effectively deliver services and complete work responsibilities. Any decrease in these behaviors may be the difference between life and death for either a citizen or another firefighter, further underscoring the importance of decreasing incivility in the fire service. Civility, on the other hand, has been demonstrated to yield significant positive results. For example, Porath and Gerbasi (2015) found that individuals that behave civilly were perceived as both warm and competent. These perceptions lend themselves to others wanting to work with someone they view civil as well as seeking these individuals out for advice or information (Porath & Gerbasi, 2015). Strikingly, Porath and Gerbasi (2015) and Porath, Gerbasi, et al. (2015) also found that individuals were over 70 percent more likely to work harder, to want to perform well, and to make a job recommendation for a civil person compared with an uncivil person. These findings demonstrate the ways civility could create a

culture of respect and cooperation within the fire department – a culture that trickles down to the individuals receiving services from firefighters.

In a qualitative study, Kunkel and Davidson (2014) evaluated employee performance reviews for questions that addressed civil and uncivil behaviors. In government agencies in particular, only seven questions addressed civility and incivility across 13 entities studied and these questions primarily addressed teamwork, cooperation, attitude, and communication (Kunkel & Davidson, 2014). These findings confirm the notion that little attention is paid to the less overt behaviors that encompass civility in the workplace. The fire department, as a government agency, may also be susceptible to this oversight in their evaluation of employees, but its impact may be even more destructive for firefighters who work as a unit and are exposed to multiple traumas and stressors in their day-to-day work functions. On the other hand, the annual report *Civility in America 2018: Civility at Work and in Our Public Squares* (Weber Shandwick), indicates that 52% of individuals that work in Government/Public Sector/Social Services consider their workplaces civil, making this the second highest rated civil industry after Financial Services/Insurance. One reason for this discrepancy may be the broad range of professions encompassed in government functions without accounting for specific policies of each governmental entity. While conflicting evidence suggests various degrees of incivility in government agencies, incivility nonetheless continues to impact those exposed to it and, therefore, is worth exploring in the context of understanding belongingness and mental health symptoms among career firefighters.

Summary

Researchers reported civil and uncivil behaviors contributed to increased or decreased workplace belonging among a wide variety of populations. Particularly focusing on minority

belonging, in this study, I sought to understand the coworker behaviors that hindered belonging among minority firefighters. In previous studies, researchers primarily used either qualitative or quantitative methods to explore these topics. In the present study, I used a mixed methods approach to answer the proposed research question to obtain a deeper understanding of minority firefighter belonging through their interactions with coworkers, where qualitative inquiry highlighted the voices of participants and quantitative procedures organized and made sense of the qualitative data generated by the participants (Creswell & Creswell, 2018). In the following chapter, I will outline in further detail the methodology used for the study.

CHAPTER 3

Methodology

In this chapter, I provide a description of how research ethics and methods were addressed in this study. Specifically, starting with the rationale for using Concept Mapping (CM, Kane & Trochim, 2007) to address the research questions, I offer a delineation for each round of data collection prescribed in CM and identify specific protocol followed in the present study. I conclude this chapter with by discussing the limitations of this study.

Concept Mapping

In this study, I used a structured, integrated mixed methods design to examine what behaviors minority firefighters believe contribute to their sense of belonging in the workplace. Kane and Trochim (2007) developed and designed Concept Mapping (CM) with both quantitative and qualitative components to elicit and organize the thoughts of small or large groups. CM is not limited to geographical location, promotes engagement of less accessible participants, and prioritizes participant perspectives in a way that can be systematically evaluated to understand broader themes (Cook & Bergeron, 2019; Kane & Trochim, 2007), thus making this methodology an ideal fit for the study of belonging among career firefighters.

The six steps indicated for CM include: (1) preparation, (2) generation of statements, (3) structuring of statements, (4) representation of statements, (5) interpretation of maps, and (6) utilization of maps (Kane & Trochim, 2007). Being beyond the purposes of this study, step six was not utilized. This step entails application of the data in making measurable changes or adjustments that address key issues highlighted through CM. While the intent of this study was to identify behaviors that influenced the belonging of minority firefighters, endorsement by key stakeholders in the mental health and fire service communities are essential in order to move

forward with developing plans and interventions to enact changes based on the results of this study. Although step six was not within the scope of this study, all other steps were followed. As such, there were three rounds of data collection in which I requested the participants' active involvement and I completed tasks following each round to prepare the data for the next round of data collection.

Step 1: Preparation

The first step of CM, preparation, entails all work done prior to the first round of data collection. This includes defining the issue that will be addressed through this research and how the study will be intentionally focused to address this issue, selection of participants, and developing a data collection protocol and timeline. These tasks are outlined below in further detail.

Defining the Issue and the Focus

The purpose of this study was to determine minority firefighters' descriptions of coworker behaviors that hindered a sense of belonging in the workplace. The goal of understanding these perspectives was to inform future policy making and programming in order to promote a sense of belonging, a factor that has been reported to have positive mental health outcomes, among all firefighters. In this initial stage, I developed the focus statement of the study to prompt brainstorming. The focus statement was critical because it influenced the quality and type of statements generated by the participants. As part of my strategic planning, I developed a prompt requesting statements about decreased belonging (i.e., "I feel as if I do not belong in my workplace when my coworkers (do/say)..."; see Appendix A).

Selection of Participants

Recruitment of the participants was conducted using criterion and snowball sampling. There were three specific criteria for participation in the current study. First, I targeted only career firefighters; thus, volunteer firefighters were not considered for participation. Due to the vast differences between the experiences of career and volunteer firefighters, it was important to include only career firefighters to prevent confounding effects of differences between the two groups (Stanley et al., 2017). Second, I utilized a contact at a local fire department in southeast Virginia to disburse my participation request to national and local firefighter organization via email (see Appendix B) to recruit participants who were self-identified racial minorities. In one of the very first examinations of minority firefighters, I aimed to recruit firefighters of all minoritized races that represent a range of unique identities and individual perspectives within the fire service in order to obtain a comprehensive understanding of belongingness. Finally, all ranks within the fire department were encouraged to participate in this study to obtain a broader understanding of perceived belonging among minority firefighters at various levels of service.

In order to recruit further participants through snowball sampling, the participants first identified received a link to the research website presenting general information about the study (e.g., purpose of the study, time commitment, incentives, criteria for participation). For those interested in participating, the website also had a link directing potential participants to the generation of statement task (see Appendix A), the informed consent (see Appendix C), and initial demographic form (see Appendix D), which were combined into one Qualtrics survey. I also asked participants to share the website with other minority firefighters that may be interested in participating in this study. As participants completed the initial questionnaire, it was important for me to make individual contact with each of the participants to build rapport and trust due to

sensitive nature of the topic. I reached out directly via email to make this personal contact with each participant and address any questions or concerns. At the end of every round of data collection, participants were given a debriefing message (see Appendix E) that offered mental health resources (e.g., crisis lines and mental health providers) and encouraged participants to reach out to me in the case they experienced distress as a result of their participation in the study.

Based on best practices in CM, a minimum of 10 participants were recruited for this study (Kane & Trochim, 2007). Efforts were made to recruit more than 10 participants to obtain a greater number of diverse responses from participants and to account for potential attrition of participants, which can be a pitfall of this methodology. Although I made efforts to account for attrition by recruiting more than 10 participants, I committed to recruiting no more than 20 participants to enhance the opportunity for all participants' feedback to be heard during the focus group portion of this research process. To promote participation and reduce attrition rates in this study, I offered monetary incentives for each round of data collection (\$5 for round 1, \$10 for round 2, and \$35 for round 3). In order to offer these incentives, I utilized the virtual payment option preferred by the participants (i.e., Venmo or e-gift card). After each round of data collection, participants received payment using the method they preferred. Participants received a larger incentive for each round of data collection, due to the increased time commitment of the second and third rounds of data collection in comparison to the first round of data collection.

Data Collection Procedures and Timeline

Due to the circumstances resulting from COVID-19, geographical limitations, and to protect participant confidentiality, I utilized virtual methods for all data collection. While this method of data collection addressed many concerns that may arise as part of the CM process (e.g., access to individuals that would otherwise not participate due to geographical location or

fear of confidentiality), this also created additional complications in delivering information to participants who were unfamiliar with the research process. This may have been a particularly confusing process given the CM is a complex methodology with several rounds of data collection requesting participants to engage in specific tasks and thought processes. To address this concern, I developed a website that included video explanations of the research and its processes. This included a verbal description of the informed consent that the participants signed prior to engaging in the research, a description of the stages of data collection, and informational videos describing how to complete each round of data collection. Creation of the website allowed easier access to participants as they were able access the first round of data collection along with necessary information about the study directly through the website. Additionally, the website allowed participants to easily share the research information with others that were interested in participating. This also offered further confidentiality and participants did not have to provide any additional information prior to the first round of data collection. From the website, participants were also directed to the other rounds of data collection. After the first round of data collection, I reached out to participants directly via email to invite participation in further rounds of data collection, to offer support and answer questions participants may have had.

In order to efficiently and effectively engage in CM research, it was necessary to create a timeline and plan for completion of each step of the research process. I applied for and received a \$500 grant from Virginia Association for Counselor Education and Supervision (VACES) to secure funding for the incentives I offered to the participants. Table 1 presents the timeline that guided the data collection procedures.

Table 1*Tasks and Timeline for the Study and Concept Mapping Procedures*

Task	Date	Follow-Up
Submit IRB	October 2020	IRB Adjustments
Participant Invitations/Website Available/Begin Generation of Responses	November 1, 2020	Monitor Participant Responses/Recruit Additional Participants
End of generation of statements	April 20, 2021	Editing/Consolidating Statements
Statement Sorting Available	April 25, 2021	Provide Feedback/Individual Consultation with Participants as Necessary
End of Statement Sorting	June 14, 2021	Analysis of Statements
Focus Group	May 26, 2021	Finalize Data Collection

Step 2: Generation of Ideas

In this step of CM, I asked participants to generate statements about coworker behaviors that hindered their feelings of belonging in their workplace. Generation of statements was followed by a process of editing and consolidating for clarity and to avoid redundancy. The edited and synthesized statements were utilized for the remainder of the study. Details of this portion of the data collection process will be outlined in the following sections.

Preparation for Brainstorming

I made preparations for brainstorming by organizing all materials created in the preparation step of CM. I also set up an online meeting system that allowed participants to schedule time to meet with the researcher if they had any further questions, comments, and or concerns about the research process. All materials were accessible to participants through the study website I created as well as via email. When participants elected to participate, they accessed the informed consent, initial demographic survey, and generation of statement tasks through a Qualtrics link provided on the study website. The online method of statement generation that was used has been demonstrated to promote a greater range of participant responses as participants do not have to fear criticism or judgment for providing a response that

others disagree with or may react to (Kane & Trochim, 2007), making this format particularly suitable to research with minority firefighters who are being asked to share personal experiences related to feelings of not belonging. To address the research questions of this study, the following prompt preceded the focus statements:

“Please use the text boxes below to generate SHORT PHRASES OR SENTENCES that describe coworker behaviors that have resulted in **DECREASED** feelings of belonging in your workplace. You may consider your past and current experiences in your workplace that have influenced your sense of belonging. The term belonging or belongingness refers to “the extent to which the individual feels personally accepted, respected, included and supported by others in the organizational environment” (Cockshaw & Shochet, 2010, p. 284). To complete this process, you may also consider experiences in prior fire departments as well if you have worked in different departments in the past. In the boxes below, please complete the prompt provided by listing AS MANY STATEMENTS AS POSSIBLE based on your personal experiences as a *minority firefighter*. Please be AS CLEAR AND CONCRETE AS POSSIBLE.”

Participants were then shown the following focus statement to generate a list of statements:

I feel as if I do NOT belong in my workplace when my coworkers (do/say) _____.

Synthesis of Ideas

Synthesis of ideas took place after statements were generated to create an integrated list of statements that were clear and specific. For this process, I edited statements to improve clarity, ensure each statement contained only a single thought, avoided repetition, and ultimately reduced

the number of statements so that the sorting task was not overly cumbersome for participants (Kane & Trochim, 2007). Each of these considerations were important to improve clarity and ease of sorting for participants at later stages of CM. According to Kane and Trochim (2007), less than 100 statements are desirable moving into the next step of structuring statements. Prior to synthesis of statements, I reviewed all participant demographic forms and removed all data generated by participants that did not meet criteria for this study. All participants whose responses were not included in the next round of data collection were informed via email (see Appendix F). The synthesis process included: (1) entering all statements on a spreadsheet, (2) eliminating redundant statements, (3) editing for grammar and comprehension, and (4) splitting statements that contain more than one behavior [e.g., I feel like I belong when people acknowledge me and when they provide positive feedback; (a) I feel like I belong when people acknowledge me; (b) I feel like I belong when people provide positive feedback]. An important aspect of this process was that editing was only used as deemed necessary and all efforts were made to retain original thoughts and statements in order to reflect the unique and specific perspective of participants. Once the statements were synthesized, the statements were sent to the Dr. Kemer, the dissertation chair (methodologist) and a faculty member at Old Dominion University with expertise in CM research, for feedback before making final revisions and moving on to the next step of data collection.

Step 3: Statement Structuring

Kane and Trochim (2007) indicated that the third step may be the most vital in the CM process, because the sorting process directly influences the quality of data that will result from the analyses. The goal of statement structuring is to have participants create groupings of statements they believe to be conceptually similar and then rate these statements based on their

impact. The following section outlines the processes involved in structuring and rating the statements.

Plan for Remote Structuring and Introduction to the Task

As the researcher, I input the synthesized statements into the Proven by Users, an online card sorting program (<https://provenbyusers.com>). Next, I recorded a video describing and demonstrating the sorting process and timeline for sorting and this was emailed to all potential participants. A written set of instructions for the sorting task was also provided to all participants entering this round of data collection via email. The participants were informed of how long the sorting process may take prior to starting and this task was done asynchronously, although I remained available by email or phone to answer any participant questions or issues that arose.

Statement Sorting

After being oriented to the sorting process, all participants sorted the previously generated statements into groupings based on what concepts they considered to be conceptually similar. Prior to completion of the sorting task using the Proven by Users sorting program, I sent a video explaining and demonstrating the sorting process for the participants to review. When they accessed the link for the sorting task, participants received a condensed version of the information provided in the video explanation (see Appendix G). Per Kane and Trochim's (2007) guidelines, the following prompt was provided to sort the statements that depict behaviors *hindering* belonging:

The purpose of this sorting task is to organize the statements provided into groups that you believe represent hindering your sense of belongingness. Each of the statements represent coworker behaviors that minority firefighters have indicated **decrease a sense of belonging** in their workplace. Once you have organized the

statements into groups, you will label each group with a word or phrase that represents the statements within that group. Please follow the below guidelines when sorting your statements:

1. Statements cannot be sorted into a single group, so there must be more than one group with no limit to the number of groups you can create,
2. A single statement can make up one group but please use this strategy for only those that do not seem to fit any of your groups,
3. A statement may only be assigned to one group. If a statement seems to fit into multiple groups, choose which group the statement fits *best* with.

Step 4: Representation of Statements

During this step of CM, the data analyses was conducted. Data analysis began after the sorting was completed by all participants. The statistical program R (R version 3.6.2, 2019) was utilized to yield a Group Similarity Matrix, Multidimensional Scaling, and Hierarchical Cluster Analysis (Kane & Trochim, 2007). The dissertation chair, as the methodologist, provided the R syntax for these analyses in the current study. Future researchers may consider reviewing the R library for concept mapping data analyses, or review the libraries for group similarity matrix, multidimensional scaling, and hierarchical cluster analysis to utilize in their studies. These results were synthesized to create a visual representation of the sorted statements that was depicted as a map. Each of these steps are outlined in the present section.

Group Similarity Matrix (GSM)

To prepare the structured statements for statistical analyses, an Excel spreadsheet was used to organize the data. The spreadsheet included the statements as structured by the participants and represented a summary of how each participant sorted all statements. The

statistical program R transferred these spreadsheets into a format that was used for the next steps in data analysis.

Multidimensional Scaling (MDS)

The next step in data analysis was running a multidimensional scaling (MDS) of the GSM. This data analysis method was utilized in CM research to create a visual representation of similarities and dissimilarities between statements based on how participants rate them. This is represented as distance to visually assess and explore the concept of belonging among minority firefighters (Borg & Groenen, 2005). The point map that resulted from this two-dimensional scaling analysis represented each statement as a point and each point's location indicated how conceptually related it was to other statements. In this case, similarities between statements were generated based on how frequently each statement was grouped together by participants in earlier stages of data collection. In interpretation of the point map, stress value or the measure of discrepancy between the values input and the points yielded by data analysis served as a measure of reliability (Kane & Trochim, 2007). Lower stress values indicate the point map representation is a better fit for the original data collected. Kane and Trochim (2007) suggested that most CM studies fall between the range of 0.205 and 0.365, which indicates the map is a good representation of the grouping data created by participants. These guidelines were used to assess for goodness of fit between the statement grouping data generated by participants and the point map yielded by the MDS analysis.

Hierarchical Cluster Analysis (HCA)

Next, I utilized a Hierarchical Cluster Analysis (HCA) to create a dendrogram that provided a visual representation of clusters of statements based on similarity (Kane & Trochim,

2007). To conduct an HCA, the MDS data indicating plot points for each sorted statement were input to yield a divisive HCA that portrayed how all statements were broken down from one large cluster all the way down to individual clusters for each statement. During this step, it was relevant to begin considering how many clusters will be utilized for the purpose of this study. Using the dendrogram created by the HCA, the clusters created were overlaid on the point map to create a visual representation of both the points of each statement as well as the clusters to which each statement was assigned.

Anchoring and Bridging Analysis

This stage of data analysis marked the transition from creation of point maps and cluster analysis to interpretation and manipulation of the data to develop results that are understandable for the next data collection phase with participants. As a researcher, my task at this point was to create visual representations that were clear and accurately conveyed the information generated from both data collection and data analysis processes up to this point. Part of this work included determining the difference between anchoring and bridging statements and adjusting clusters based on this information (Kane & Trochim, 2007). Kane and Trochim described anchoring statements as those who are placed at a specific point due to close similarity to those statements that surround it. On the other hand, bridging statements may have been grouped in clusters at various points on the map. Thus, they may have been placed at a middle point on the map due to lacking close conceptual similarities to any particular cluster. While a single point can comprise an individual cluster, some bridging statements may be correlated closely enough to other statements that it was absorbed into another cluster. I took this into considerations as I worked on the list of preliminary clusters with the dissertation chair (methodologist).

Selecting the Final Number and Labels of Clusters

To determine how many clusters were incorporated into the final map, it was necessary to utilize MDS data as well as the HCA and systematically move from the greatest number of clusters desired to the lowest number desired in order to make meaningful use of the clusters identified (Kane & Trochim, 2007). For example, with 100 statements, the researcher would determine an upper threshold and lower threshold (e.g., a maximum of 20 clusters and a minimum of five clusters) that would be representative of the data as well as serve the purposes of the study. In the case of this study, it was important for the number of clusters to represent the themes of belonging in the statements generated by participants. Each cluster merging was assessed to ensure that the statements being merged made sense and consistently represented the same concepts as other statements in the cluster. Throughout this process, the researcher consulted with the dissertation chair (methodologist).

For the purposes of this study, the researcher utilized participant-generated cluster labels and their own content knowledge to develop cluster labels prior to Step 5 of CM. Formulation of the cluster labels and preliminary cluster list with assigned statements was followed by consulting with an external auditor (Kane & Trochim, 2007). The external auditor was a counselor education faculty member with considerable experience using Concept Mapping methodology. Based on her knowledge of the CM process, she provided valuable insight into the process of cluster labeling and structuring of the statements.

Step 5: Interpretation of Maps

Interpretation of maps was the final step of this CM study. During this step, participants met in a focus group to assess current clusters, cluster labels, and discussed any changes that needed to be made. The inclusion of this step speaks to the importance of participants' voices

and perspectives regarding the results of the research and how the findings may be applied (Kane & Trochim, 2007). Details of this process are outlined below.

Preparing for the Focus Group Session

The focus group was also conducted online through Zoom. To protect confidentiality, participants used audio only during this meeting and logged in using their participant ID as opposed to their name. Further, participants were polled during earlier data collection points to determine their comfort level engaging in the focus group discussion using their own voice or if they preferred using a voice recognition software to alter their voice, so it was not recognizable by other participants and also had the option of using the chat feature to provide their responses. Prior to scheduling the focus group, participants completed an availability survey, and this was utilized to schedule a date and time that suited the greatest number of participants' schedules. An announcement of the focus group date and time was sent via email along with a Zoom link. This notification also included relevant materials, such as an agenda (including tasks of the focus group and time commitment, see Appendix H), the statement list, and cluster list (Kane & Trochim, 2007). Participants received an email reminder of the focus group the day before it took place.

Conducting the Focus Group Session

The focus group began with an introduction to the task and review of the agenda previously emailed to participants to ensure participants were aware of the expectations of the focus group. The focus group included the presentation of the map representing hindering behaviors and list of the statements grouped in their regions and clusters. The researcher then began the focus group by sharing the point cluster map with all participants, so they were able to see how the statements were grouped and visually represented. A written list of clusters and

statements within each cluster was displayed on the screen. Participants were given 5-10 minutes to review the list which was previously emailed to them and determined if the cluster labels accurately represent the statements within the cluster. Participants provided alternative cluster labels if they believed another name would better express the concepts within the given cluster. Next, participants reviewed each statement within the clusters and identified any statements that seemed ill-fitting in that cluster. I informed the participants of limits to moving statements to different clusters. For example, participants were shown the cluster map to convey that a statement could be moved to another neighboring cluster, but not to a cluster in an entirely different part of the map, as analyses have demonstrated that it was conceptually different than statements on that part of the map. At this point, participants provided recommendations on alternative placements for the statements that did not seem to fit well within the clusters they were assigned to. Notations were made on the Word document being used throughout the focus group to indicate suggestions and changes resulting from the focus group. Focus group processes finalized data collection and analyses.

Testimonial Validity

A strength of the CM methodology is its emphasis on enhancing trustworthiness through participant engagement, which is a means of increasing testimonial validity (Bedi, 2006). This study incorporated participants' voices and feedback into all three rounds of data collection. Involvement of participants throughout the research process was an effort towards improving testimonial validity. Further, these measures reduced the likelihood of my bias as a researcher influencing the results of this study and placed participants' voices at the forefront of the research. This again highlighted the important role of participants in this research and bolstered

this study's intentions of understanding the concepts being explored through the participants' perspective.

Research Ethics

This study was in fulfillment of the requirements for the Counselor Education and Supervision Doctoral Program at Old Dominion University (ODU). Due to the proposed timeline for the study, I sought Institutional Review Board (IRB) approval from the Darden College of Education and Professional Studies Human Subjects Review Committee at Old Dominion University in October 2020. Prior to participating in this study, I provided all participants with a description of the study, purpose of the study, risk and benefits of the study, and any exclusionary criteria. Confidentiality and withdrawal privileges were given particular attention due to the sensitive nature of this topic and I also reviewed specific measures being taken to ensure confidentiality. For example, all data collection was done remotely, any identifying information was removed from responses after the first round of data collection, participants logged on to the online focus group with their cameras turned off using an ID instead of a name, and all data and research materials, including participant name and ID numbers, were stored in a locked cabinet at the researcher's home on a password protected personal computer.

Another key ethical component of this study was addressing and managing my own biases about the research topic. As a means of managing researcher bias, it was important for me to acknowledge my connections with the fire service going into this research process and throughout the duration of the study. First and foremost, my partner is a professional firefighter who also identifies as a minority member of the fire service. I have been exposed to the culture of the fire service through my partner and participants may have elected to participate in this study due to knowing my partner themselves or knowing me through my partner. Additionally, I

have obtained specific training related to the fire service and provide clinical counseling services to members of the fire services. All of these factors may have influenced my expectations and view of the fire service while conducting this research; thus it was important for me to bracket these biases by discussing these biases about the subject matter with my dissertation chair and documenting these biases prior to beginning the research process. Throughout data analyses, I spoke with my dissertation chair and engaged in reflexivity in an attempt to minimize the influence my biases would have on the interpretation and presentation of the data.

CHAPTER 4

Results

In this study, I sought to understand behaviors and statements that hinder a perceived sense of belonging among minority firefighters. This chapter describes the results of the data collection and data analyses conducted through this Concept Mapping (CM) study to include participant demographics and an overview of each step of the data collection and data analysis process.

Concept Mapping Process

Participants

As indicated by CM methodology, I obtained data across three rounds of data collection that spanned from November 2020 to June 2021. Across all three rounds of data collection, 12 total participants were part of the data collection process. Not all 12 participants from the first round of data collection participated in all three rounds of data collection (see Table 2 for a summary of participation across rounds). Of these 12 participants, seven were men (58.33%), four were women (33.33%), and one was non-binary (8.33%); five (41.67%) were Hispanic/Latino(a), four (33.33%) were African American/Black, two (16.67%) were Asian/Pacific Islander, and one (8.33%) was Biracial (“half Black, half White”). Participants ranged from 28 to 49 years old ($M = 38.67$, $SD = 6.51$).

The majority ($N = 10$, 83%) of participants identified their departmental rank as a Firefighter, while one (8%) identified as an Investigator, and one (8%) identified as a Lieutenant with time in the fire service ranging between two and 26 years ($M = 9.17$, $SD = 7.18$). Eleven firefighters (92%) reported they have always served as a professional firefighter and did not serve as a volunteer firefighter first. The firefighters that participated in this study were

employed in fire departments across five different states in the U.S. Most participants served in a department on the eastern coast of the U.S. to include six from Virginia (50%), one from Maryland (8%), and one from Florida (8%), while two were from Arizona (17%) and two (17%) were from Alaska. Finally, nine participants (75%) indicated they faced a life altering experience in their work as a firefighter (e.g., near death experience of self or coworker, or a citizen rescue) that resulted in a stronger bond between the participant and their co-workers.

Table 2

Participant Demographics & Involvement by Data Collection

Participant #	Race	Gender	Age	State	Round 1	Round 2	Round 3
130	Hispanic/Latino(a)	Non-binary	33	VA	X		
11610	Biracial	M	41	AK	X	X	
1030	Hispanic/Latino(a)	M	41	AK	X	X	
7740	African American/Black	M	42	AZ	X	X	
3060	Hispanic/Latino(a)	F	35	AZ	X		
3553	Asian/Pacific Islander	M	41	VA	X	X	
1314	Hispanic/Latino(a)	M	31	VA	X	X	X
2935	Hispanic/Latino(a)	M	28	FL	X	X	
440	African American/Black	M	49	VA	X	X	X
4311	African American/Black	F	41	MD	X	X	X
117	African American/Black	F	38	VA		X	
1253	Asian/Pacific Islander	F	36	VA		X	X

First Round of Data Collection: Generation of Statements

In the first round of data collection, 10 participants generated a total of 90 statements ($r = 16$, $M = 9.20$, $Median = 10$, $Mode = 5$ and 10 , $SD = 4.83$) describing behaviors their coworkers have engaged in or statements their coworkers have made that hindered feelings of belonging in the workplace. Of the 10 participants in this round of data collection, seven (70%) were men, two (20%) were women, and one (10%) was non-binary; five (50%) were Hispanic/Latino(a), three (30%) were African American/Black, one (10%) were Asian/Pacific Islander, and one (10%) was Biracial (“half Black, half White”). Participants ranged from 28 to 49 years old ($M = 39$, $SD = 7.13$). Eight (80%) of participants identified their departmental rank as a Firefighter, while one (10%) identified as an Investigator, and one (10%) identified as a Lieutenant with time in the fire service ranging between two and 26 years ($M = 9.90$, $SD = 7.68$). Nine firefighters (90%) reported they have always served as a professional firefighter and did not serve as a volunteer firefighter first. Out of the 10 participants, four were from Virginia (40%), one from Maryland (10%), and one from Florida (10%), while two were from Arizona (20%) and two (20%) were from Alaska. Finally, nine participants (90%) indicated they faced a life altering experience in their work as a firefighter that resulted in a stronger bond between the participant and their co-workers. Participants generated all statements exclusively online using a Qualtrics survey. I completed an editing and synthesis process with my dissertation chair and methodologist, Dr. Kemer, through which a final set of 73 statements was obtained.

Second Round of Data Collection: Statement Sorting

Nine total participants elected to complete the statement sorting round of data collection. Of the nine participants in this round of data collection, six (66.67%) were men and three (33.33%) were women; three (33.33%) were Hispanic/Latino(a), four (44.44%) were African

American/Black, and two (22.22%) were Asian/Pacific Islander. Participants ranged from 28 to 49 years old ($M = 39.44$, $SD = 7.16$). Seven (77.78%) of participants identified their departmental rank as a Firefighter, while one (11.11%) identified as an Investigator, and one (11.11%) identified as a Lieutenant with time in the fire service ranging between two and 26 years ($M = 9.44$, $SD = 7.61$). All firefighters reported they have always served as a professional firefighter and did not serve as a volunteer firefighter first; six participants (66.67%) indicated they faced a life altering experience in their work as a firefighter that resulted in a stronger bond between the participant and their co-workers. Five of the firefighters were from Virginia (55.56%), one from Maryland (11.11%), and one from Florida (11.11%), while one was from Arizona (11.11%) and one (11.11%) was from Alaska.

The final list of 73 statements was input into an online card sort program called Proven by Users. Participants were sent a link to a Qualtrics survey to obtain their participant ID and then automatically redirected to the online sorting program where they sorted the 73 hindering belonging statements into groups of conceptually similar statements ($r = 6$, $M = 7.56$, $Median = 7$, $Mode = 10$, $SD = 2.46$). Upon completion of the sorting task, the data was input in the R software to generate statistical results in the form of a Group Similarity Matrix (GSM), Multidimensional Scaling (MDS), and Hierarchical Cluster Analysis (HCA).

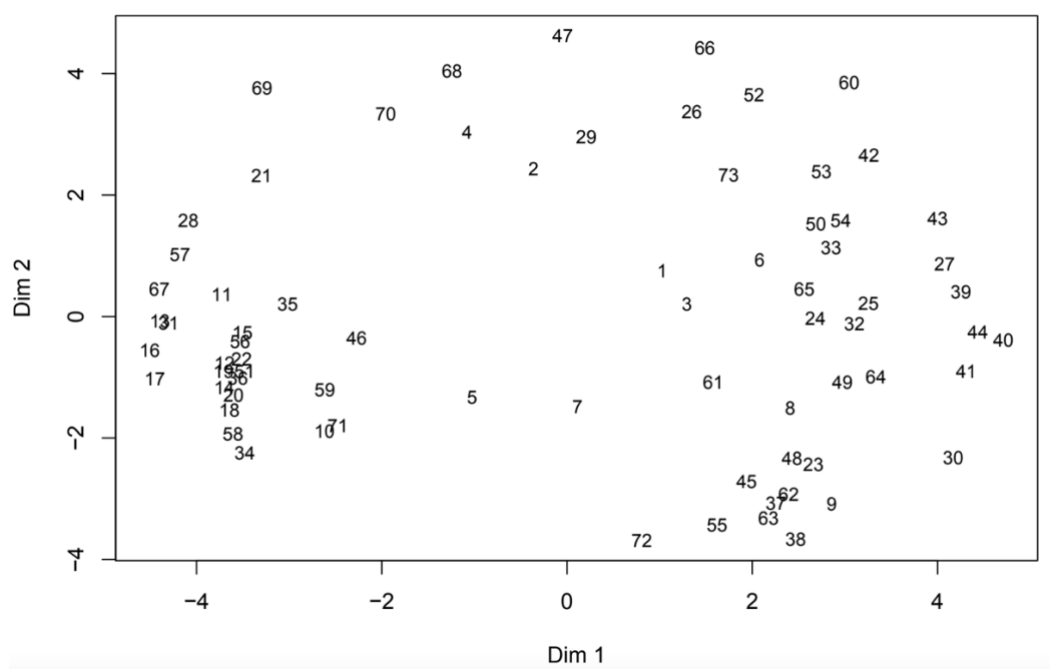
Group Similarity Matrix (GSM). I utilized an Excel spreadsheet to organize the data as it was sorted by participants. This spreadsheet represented each statement and what group it was sorted into by each participant. The GSM was then input into the R software to generate the MDS and HCA.

Multidimensional Scaling (MDS). The GSM was run through the R software resulted in a point map representing the similarity of each statement according to how participants sorted

and grouped the statements during the second round of data collection (see Figure 1). The resulting two-dimensional MDS allows conceptual similarity to be represented through physical distance on a point map. Kane and Trochim (2007) suggested that most CM studies fall between the range of 0.205 and 0.365 stress value indicating goodness of fit of the statements points on the map in contrast with the original data input. Stress value offers an understanding of the consistency across participants' sorting of the statements into similar clusters. This study yielded a .241 stress value, indicating the two-dimensional MDS was a good fit with the participant data.

Figure 1

Point Map

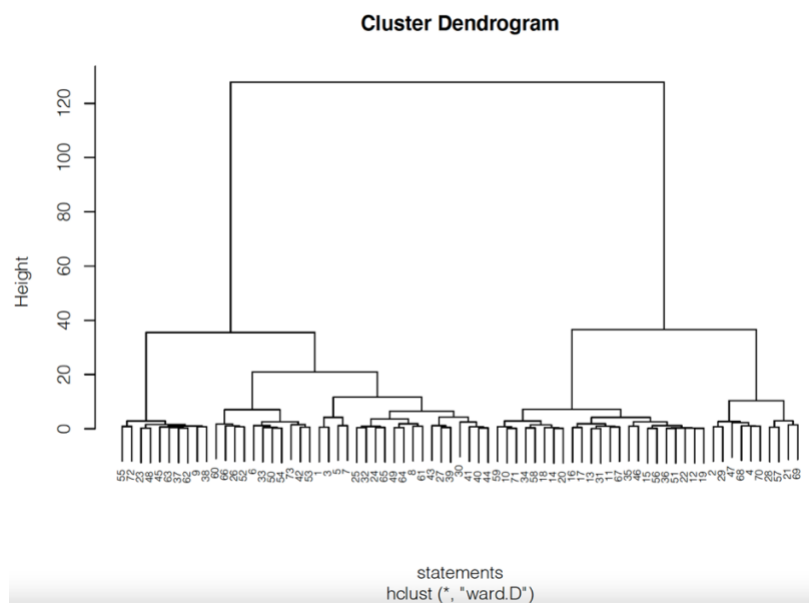


Hierarchical Cluster Analysis (HCA). The results of the MDS were entered into R software to yield a Hierarchical Cluster Analysis (HCA; see Figure 2). The HCA, or dendrogram, provided information about clusters of statements that were most frequently grouped together. I utilized an inductive process to create the smallest possible clusters before combining clusters into larger groups of conceptually similar statements as reflected by each

branch of the dendrogram. Through multiple edits and revisions, I completed with the dissertation chair, nine clusters were identified falling into four different regions. This list of statements organized into clusters and regions was sent to the external auditor for feedback and revisions. The external auditor was a counselor education faculty member at University of Texas El Paso who has background in CM research. The auditor suggested 20 changes to the established statement representations based on changes in terminology, moving statements based on conceptual similarity, adjusting labels, and combining conceptually similar clusters. Of the 20 modifications suggested by the auditor, 14 were accepted, while six were declined due to auditor's recommendation of changing language or phrasing that is specific to the fire service or inability to move statements due to lack of proximity on the point map, reflecting lack of conceptual similarity according to participant sorting. Based on the data analysis and auditing processes, the 73 statements were grouped in four regions consisting of eight total clusters.

Figure 2

Dendrogram



Third Round of Data Collection: Focus Group

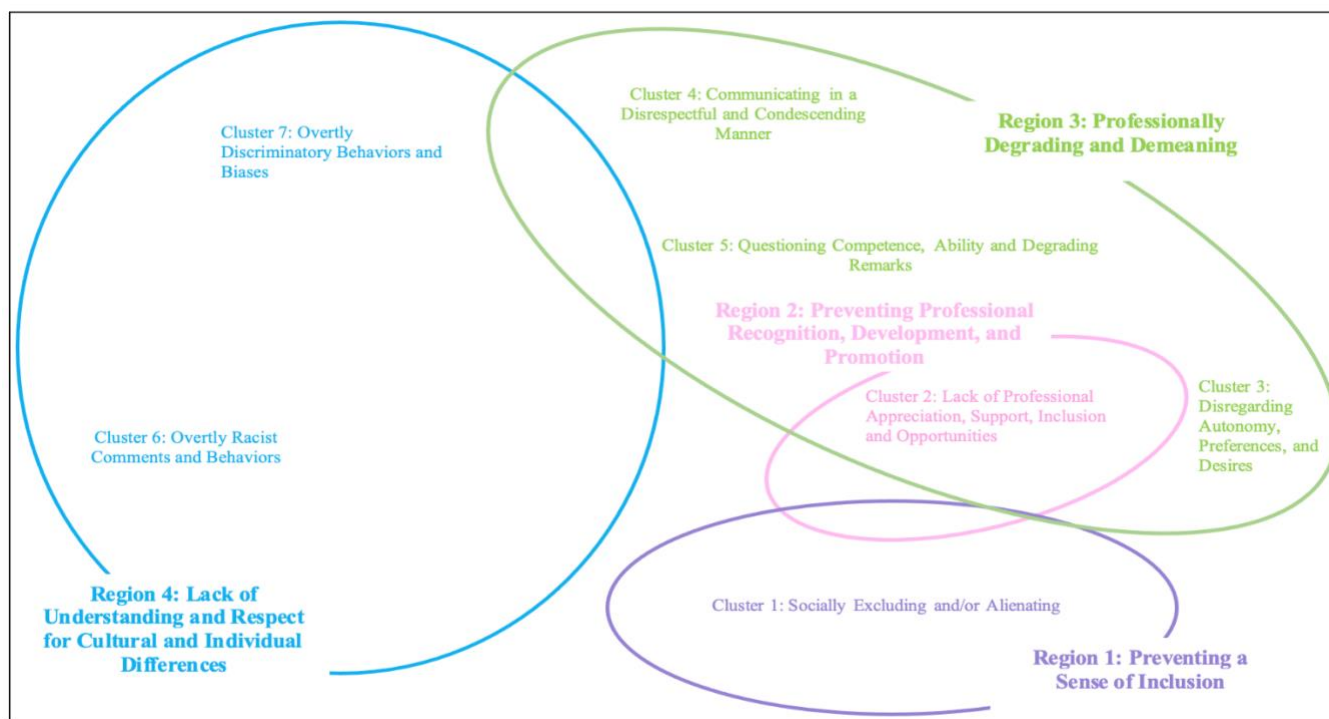
For the final round of data collection, the focus group, four participants were in attendance. Of the four participants in this round of data collection, two (50%) were men and two (50%) were women; one (25%) was Hispanic/Latino(a), two (50%) were African American/Black, and one (25%) was Asian/Pacific Islander. Participants ranged from 31 to 49 years old ($M = 39.25$, $SD = 7.68$). Three (%) participants identified their departmental rank as a Firefighter, while one (11.11%) identified as a Lieutenant with time in the fire service ranging between four and 26 years ($M = 13$, $SD = 10.13$). All four firefighters reported they have always served as a professional firefighter and did not serve as a volunteer firefighter first; one participant (25%) indicated they faced a life altering experience in their work as a firefighter that resulted in a stronger bond between the participant and their co-workers. Three of the firefighters were from Virginia (75%) and one was from Maryland (25%).

As anticipated in most CM studies, attrition rate in this study was high. This resulted in a desirable effect of participants engaging more frequently throughout the focus group and allowed for a thorough discussion and consensus on each concern or suggested change presented by the participants. The focus group was conducted through Zoom using voice only and all participants logged into the focus group utilizing their participant IDs in order to protect confidentiality. None of the participants elected to utilize the voice change software I provided information about prior to the focus group meeting. Participants had already reviewed the point map and list of statements, clusters, and regions prior entering the focus group. The participants read through each cluster and came together to suggest changes to region and cluster labels and made recommendations for moving statements to other clusters where they fit best. Throughout the process, I consulted the point map to ensure that all changes were acceptable according to conceptual proximity on the map. Participants agreed upon three cluster label changes and one

region label change. Two clusters were merged, resulting in a single cluster based on participants input that the two clusters represented the same concept, which resulted in one of the aforementioned cluster label changes in order to capture the full conceptual scope of that cluster. Additionally, four statements were moved to different clusters that participants felt better fit the statements. Only one participant statement change was declined due to excessive distance on the point map, indicating lack of conceptual similarity based on the data from the MDS. As a result of the focus group, four regions remained, with seven clusters (see Figure 3; see Appendix I for a full list of statements, clusters, and regions).

Figure 3

Cluster Map



Final Regions and Clusters

Region 1: Preventing a Sense of Inclusion

Region 1 consisted of one cluster with nine total statements on the bottom, mid-right quadrant of the map. All behaviors in this region marked specific situations in which the social environment both on-duty and off-duty was not inclusive or was directly exclusionary. I made the decision to maintain a separate name for the region and cluster in this region in order to account for the scope of behaviors this region could include. This also allowed for flexibility in the case that other clusters were moved to this region based on participants feedback and for future development of this initial list through future research efforts as there are other behaviors beyond the cluster identified that could expand this region of the map. For example, future research may elicit additional clusters that delineate differences between exclusion from personal social activities versus exclusion from work-related activities.

Table 3

Region 1

Region 1: Preventing a Sense of Inclusion	
Cluster 1	Socially Excluding and/or Alienating

Cluster 1. *Socially Excluding and/or Alienating* included nine statements that represented behaviors or statements that prevented feelings of belonging through intentional exclusion from social activities both at the fire station along with outside of work hours. These included both overt behaviors (e.g., 38. When an officer does not acknowledge me but strikes a conversation with the person behind me; and 45. Overtly whisper to each other where I can see.)

and indirect behaviors (e.g., 8. Leave me out of team building moments; and 37. Do not invite me to social gatherings with old crew members.).

Region 2: Preventing Professional Recognition, Development, and Promotion

This region of statements consisted of one cluster encompassing 11 statements and was located on the right side of the map, spread across both the upper and lower quadrants. The region and cluster encompassed behaviors that spoke to professional roles and how belonging was perceived through professional interactions and roles in the fire service. Similar to Region 1 and Cluster 1, I made the decision to maintain a separate name for the region and cluster in this region in order to account for the scope of behaviors this region could include. This also allowed for flexibility in the case that other clusters were moved to this region based on participants feedback and for future development of this initial list through future research efforts as there are other behaviors beyond the cluster identified that could expand this region of the map. With further development, it would be likely that each aspect of this cluster may be separated and detailed into separate clusters describing specific behaviors demonstrating lack of professional appreciation separately from lack of professional support, etc.

Table 4

Region 2

Region 2: Preventing Professional Recognition, Development, and Promotion	
Cluster 2	Lack of Professional Appreciation, Support, Inclusion and Opportunities

Cluster 2. *Lack of Professional Appreciation, Support, Inclusion and Opportunities*, included 11 statements that reflected experiences that directly impact the participants' ability to perform their job or indicate a lack of appreciation of their professional abilities or equal right to

training and promotion opportunities. The statements for the cluster ranged from ridiculing mistakes (e.g., 24. Ridicule common mistakes I make.) to not offering training opportunities (e.g., 32. Do not present me with the same opportunities others are offered; and 39. Give the impression that I am not worthy of certain training opportunities.) and not asking for participants' opinions (e.g., 48. Don't ask for my advice; and 49. Don't ask for my opinions.).

Region 3: Professionally Degrading and Demeaning

This region, located on the right side of the map, across the upper and lower quadrants, included three clusters consisting of 20 statements that demonstrate statements and behaviors that show disrespect for professional and personal abilities as a firefighter.

Table 5

Region 3

Region 3: Professionally Degrading and Demeaning	
Cluster 3	Disregarding Autonomy, Preferences, and Desires
Cluster 4	Communicating in a Disrespectful and Condescending Manner
Cluster 5	Questioning Competence, Ability, and Degrading Remarks

Cluster 3. *Disregarding Autonomy, Preferences, and Desires*, included four statements that reflect others making decisions for the participant and do not regard them as able and entitled to making independent decisions about their roles and duties in the department. Just as in other clusters, these behaviors were both direct communications of disregard for autonomy, preferences and desires (e.g., 27. Tell me that I do not belong at a particular station.) as well as indirect (e.g., 40. Choose to send me on relief to other stations over people at my assigned station; and 41. Make decisions for me when I am not there.).

Cluster 4. *Communicating in a Disrespectful and Condescending Manner*, was comprised of five statements that describe verbally disrespectful behaviors (e.g., 47. Use vulgar language; 52. Accuse me of trying to get a coworker in trouble; 65. Think they can raise their voice at me, even as my subordinate; and 66. Do not address me with my rank.).

Cluster 5. *Questioning Competence, Ability, and Degrading Remarks*, included 11 statements that reflect behaviors where a firefighter's ability was questioned in a degrading way that was not constructive or productive (e.g., 7. Ask me why I am doing this at my age; 50. Assume that I know less than they do when it comes to my job; and 54. Say I will never get my medic, that it is just too hard.).

Region 4: Lack of Understanding and Respect for Cultural and Individual Differences

This region was located on the left-hand side of the point map, across both upper and lower quadrants and incorporated two clusters. Representing the largest group of statements elicited from this study with 33 total statements, the region made up almost half of all statements generated by minority firefighter participants. Consisting of *Cluster 6: Overtly Racist Comments and Behaviors* with 25 statements and *Cluster 7: Overtly Discriminatory Behaviors and Biases* with eight statements, the behaviors comprising this region depicted racist, biased and discriminatory behaviors based on cultural and individual differences.

Table 6

Region 4

Region 4: Lack of Understanding and Respect for Cultural and Individual Differences	
Cluster 6	Overtly Racist Comments and Behaviors
Cluster 7	Overtly Discriminatory Behaviors and Biases

Cluster 6. *Overtly Racist Comments and Behaviors*, included 25 statements that reflected comments and behaviors that reflected racist beliefs. These included statements making assumptions about specific cultures (e.g., 13. Make general comments about my athletic build as a person of color (POC); 57. Assume I know how to cook Mexican food, thinking I'm Mexican but I'm actually Cuban; and 58. Ask me if I came to the country legally.), mocking specific races (e.g., 31. Mockingly imitate an Asian accent.), and also belittling others for not behaving as would be expected from a specific race (e.g., 15. Berate me for not speaking Spanish; and 16. Tell me I am the whitest Mexican they know.).

Cluster 7. *Overtly Discriminatory Behaviors and Biases*, consisted of eight statements demonstrated biases and discrimination that based on aspects of identity beyond race such as political affiliation (e.g., 2. Comment on me being liberal.), physical abilities (e.g., 4. Say I am a post-surgery risk.), socioeconomic status (e.g., 69. Make comments about the neighborhoods that are within our city.), and perceptions of intelligence (e.g., 29. Perceive me as less intelligent than themselves.).

From the three rounds of data collection, minority firefighters generated 73 statements describing crew member behaviors that hindered belongingness in their workplace. These statements were encapsulated by seven clusters and consolidated into four distinct regions. In the next chapter, I will discuss the findings of this study in the context of theoretical underpinnings of this research and existing literature on this topic. I will also identify implications for mental health professionals, counselor education, the fire service, and make suggestions for future research.

CHAPTER 5

Discussion

In this chapter, I elaborate on the findings of this study and discuss the significance of the research results. To do so, I focus on the theoretical framework for the study results and discuss in more detail the significance of the regions and clusters identified through this research as it relates to past literature and research on civility, incivility, and belonging. I discuss limitations of the study, identify the implications of the study results for key stakeholders, and conclude the chapter with implications for future research.

Minority Firefighter Belonging in the Context of Relational Regulation Theory (RRT)

In this study, I sought to answer the research question: What uncivil coworker behaviors have minority firefighters experienced that have hindered their feeling of belonging in their department? While uncivil behaviors, defined as “low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect” (Andersson and Pearson, 1999, p. 457), have been studied among other vocational groups (Porath, Foulk, et al., 2015; Porath & Pearson, 2012; Taylor et al., 2021), no studies have directly addressed how these behaviors impact sense of belonging, nor have past studies addressed incivility and belonging among firefighters. Specifically, no studies have identified how sense of belonging, or “the extent to which the individual feels personally accepted, respected, included and supported by others in the organizational environment” (Cockshaw & Shochet, 2010, p. 284), has been influenced by uncivil behaviors. This study was the first attempt to address how crew member behaviors directly impacted feelings of belonging – or in this case, not belonging – among minority firefighters.

I used Lakey and Orehek's (2011) Relational Regulation Theory (RRT) as the foundation for conceptualization of minority firefighters' decreased sense of belonging based on uncivil behaviors they experienced from their crew members. This study drew upon five out of eight of RRT's key principles stating that: (1) Social interactions regulate affect, action, and thought; (2) Affect regulation through social interactions are relationally driven and unique between individuals; (3) Ordinary social interactions drive relational regulation more so than stressful events; (4) Shared activities and conversations promote relational regulation and shape the way individuals view others; and (5) Perceived support is primarily based on ordinary social interactions and sometimes on enacted social support, which occurs in time of greater stress (Lakey & Orehek, 2011). Although each of these five principles were demonstrated through the results of this study to varying degrees, principles three, four, and five were particularly apparent in the regions and clusters that emerged through the research process.

Specifically, and in accordance with the third principle of RRT, thoughts and feelings of belonging among minority firefighters were influenced by ordinary social interactions with their colleagues. Of note is that by looking at behaviors that hinder sense of belonging, this study lent itself to elucidation of the fact that ordinary social interactions can reduce feelings of social support just as they can promote relational regulation and increased sense of support. The prompt for statement generation in Round 1 of data collection asked participants to generate statements by completing the prompt *I feel as if I do NOT belong in my workplace when my coworkers (do/say)_____*, with behaviors and statements that reduced feelings of belonging. Participants generated statements that depicted behaviors which reduced sense of belonging, although some were seemingly more general. For example, the statements in *Region 1: Preventing Sense of Inclusion*; *Region 2: Preventing Professional Recognition, Development,*

and Promotion, ; and *Region 3: Professionally Degrading and Demeaning* (e.g., “Do not teach me the job” and “Don’t address me by rank”) and those targeted at racial, cultural, and individual differences in *Region 4: Lack of Understanding and Respect for Cultural and Individual Differences* (e.g., “Do not know how to talk to and interact with people of color [POC]”) were behaviors that represented ordinary social interactions as opposed to interactions drawn upon under stressful circumstances or in high stakes work-related tasks. In other words, the behaviors minority firefighters reported impacted their sense of belonging social interactions that would take place during an ordinary shift as opposed to more uncommon or remarkable situations such as getting into an argument with a crew member or while responding to a challenging call.

Participants’ responses also highlighted the fourth principle of RRT, which addresses relational regulation through shared activities and conversations. Again, the day-to-day interaction participants provided highlighted how lack of shared activities and/or conversations can reduce the potential for relational regulation with crew member behaviors such as, “Leave me out of conversations,” (*Cluster 1: Socially Excluding and/or Alienating*) complete exclusion such as “Choose to send me on relief to other stations over people at my assigned station,” (*Cluster 3: Disregarding Autonomy, Preferences, and Desires*) or othering of minority firefighters through actions such as, “Say that I might have to ‘go back to Mexico’ when ‘they’ build the wall” (*Cluster 6: Overtly Racist Comments and Behaviors*). These were brief interactions that appeared to occur throughout a workday as part of routine daily activities that communicated significant messages to the minority firefighters. This underscores two important facets of the data obtained from the study, 1) shared activities and conversations may result in relational dysregulation, and 2) lack of such activities and conversations may cause a potential

challenge in relational regulation as there are no such interactions to regulate with if the minority firefighter lacks personal contact with others in the fire service.

The last RRT principle that was supported by the results of this study was principle number five; although sometimes enacted support, meaning support in an emergent or high-pressure situation, is drawn upon for relational regulation, more often this regulation is based on perceived support in ordinary situations. In this study, it was observed that minority firefighters identified feelings of less social support based on ordinary social interactions, particularly in those statements grouped under *Cluster 2: Lack of Professional Appreciation, Support, Inclusion and Opportunities*, which included statements such as “Do not place value in what I can contribute to tasks,” or those statements found in *Cluster 5: Questioning Competence, Ability and Degrading Remarks*, which included statements such as “Say I am not experienced enough with no definition of ‘enough’,” and “Ask who taught me how to fight fire.” Statements in these clusters highlighted how lack of social support could be communicated through interactions both directly and indirectly, reducing sense of belonging for the minority firefighters receiving these messages. While further research is needed to understand if the behaviors identified in this study confirm specific principles of RRT, such as affect regulation in the moment of perceived lack of belonging or in stressful events, the results of the present study appear to substantiate many of RRT’s assertions.

Discussion of Regions and Clusters

Through the three rounds of data collection and data analysis in this CM study, four regions of behaviors that hindered sense of belonging among minority firefighters emerged. The first and second regions, *Preventing Sense of Inclusion* and *Preventing Professional Recognition, Development, and Promotion*, included one cluster of behaviors each. The third region,

Professionally Degrading and Demeaning, included three clusters of behaviors, while the fourth region, *Lack of Understanding and Respect for Cultural and Individual Differences*, included two clusters of behaviors. Each of these regions underscored important sets of behaviors that minority firefighters distinguished as negatively impacting a sense of belonging within their fire department.

Region 1: Preventing a Sense of Inclusion

This region consisted of *Cluster 1: Socially Excluding and/or Alienating*. The behaviors identified in this region demonstrated the overlap between professional and personal relationships that is often seen in the fire service (Firmin, et al., 2018; Morman et al., 2019). Of note is that the behaviors in this cluster consisted of behaviors that were both blatantly exclusionary (e.g., “Overtly whisper to each other where I can see”) and those that were more passive (e.g., “When an officer does not acknowledge me but strikes a conversation with the person behind me”). These findings corroborate past studies that indicated incivility was seen in behaviors that were considered relatively innocuous (Kunkel & Davidson, 2014) and demonstrated key components of belonging, inclusion and acceptance (Cockshaw & Shochet, 2010). Although these behaviors may have occurred both at work and during personal time, this cluster spoke specifically to personal inclusion in a social group, whether it be relating to others as coworkers or friends. These statements were also consistent with the items from Cockshaw and Shochet’s (2010) Psychological Sense of Organizational Membership Scale (PSOM) designed to measure sense of belonging in the workplace. In the PSOM, items such as “It’s hard for people like me to be accepted here” demonstrated a strong negative relationship with belonging whereas statements such as “I feel like people in this this organization are friendly to me,” demonstrated a strong positive relationship with belonging. Research has identified that

among minority individuals, identity achievement and sense of wellbeing is achieved through social interactions and thwarted belongingness through rejecting social interactions has been associated with higher suicide rates among firefighters (Chu et al., 2016; Ghavami et al., 2011). Similarly, the statements in *Region 1: Preventing a Sense of Inclusion* and *Cluster 1: Socially Excluding and/or Alienating* indicated behaviors that had either been demonstrated to hinder feelings of organizational belonging and behaviors that were shown to prevent feelings of belonging, indicating consistency with prior research on factors that influence belonging, positive self-regard, and affect regulation through social interaction (Chu et al., 2016; Cockshaw & Shochet, 2011; Cockshaw et al., 2012; Ghavami et al., 2011; Lakey & Orehek, 2013).

Region 2: Preventing Professional Recognition, Development, and Promotion

This region of the map included *Cluster 2: Lack of Professional Appreciation, Support, Inclusion and Opportunities*. In contrast to the prior region and cluster, by either neglecting to provide the same level of support and encouragement to the minority firefighter or by denying the same opportunities that were offered to others, these behaviors communicated that the firefighter did not belong specific to professional roles. Some of these behaviors included open criticism, lack of recognition, lack of training, and not valuing the firefighter's contribution to the work-related tasks. On the other hand, many of these behaviors could be perceived as personal slights, such as when firefighters reported that peers "Don't ask for my advice," or "Don't ask for my opinions," which underscores the importance of feeling professionally valued and accepted. The statements encapsulated in this region and cluster aligned with Cockshaw and Shochet's (2010) "included and supported" components of belongingness and bolstered Ghavami et al.'s (2011), Chu et al.'s (2019), and Simonsen's (2018) assertions that minority individuals rely heavily on the social cues of majority group members to identify their sense of belonging in

a social group. The statements in this cluster demonstrated a counter to statements of inclusion and support items in the PSOM that promoted feelings of belongingness such as “Other people in this organization take my opinions seriously” and “People here notice when I’m good at something” (Cockshaw & Shochet, 2010). While these types of statements had a moderate correlation with depression and anxiety (Cockshaw & Shochet, 2010), they had a strong correlation with feelings of belongings, indicating that the firefighter-generated statements followed the themes of belonging that were represented in prior studies (Cockshaw et al., 2012; Lund et al., 2019; Strayhorn, 2012). Thus, behaviors in this region highlighted how majority group members can jeopardize minority firefighters’ ability to feel of value in this profession, leaving firefighters questioning their merit in the fire service or ability to promote and grow professionally. This is important as similar sentiments have been linked to higher turnover rates within an organization (Porath, Foulk, et al., 2015; Porath & Pearson, 2012).

Region 3: Professionally Degrading and Demeaning

The three clusters in this region corroborated findings from past research that demonstrated ostracism and degrading interactions has an adverse effect on sense of belonging (Riva et al., 2017; van Beest et al., 2011). *Cluster 3: Disregarding Autonomy, Preferences, and Desires* included direct assertions of not belonging from crew members or superiors (e.g., “Tell me that I do not belong at a particular station”) which may directly oppose the desire and professional autonomy of the minority firefighter in questions. On the other hand, there were less direct communications that revealed disregard for personal preference (e.g., crew members “Make decisions for me when I am not there”), confirming the notion that both direct and subtle behaviors demonstrated incivility and can impact sense of belonging (Porath & Gerbasi, 2015; Porath, Foulk, et al., 2015; Riva et al., 2017; van Beest et al., 2011). For example, Riva et al.

(2017) described how chronic social exclusion to include circumstances such as those described above (e.g., ostracism, betrayal, and rejection) resulted in feelings of helplessness and unworthiness as well as depression. We also know that often minority group members rely on the majority group members' input to assess their own belonging in a social group (Chu et al., 2019; Ghavami et al., 2011; Simonsen, 2018). Thus, these behaviors appeared to add to the likelihood that minority firefighters felt like an outsider to the profession and felt unwanted, regardless of whether these uncivil behaviors were a result of racism or otherwise.

Cluster 4: Communicating in a Disrespectful and Condescending Manner included statements that communicated disrespect through neglect of social norms observed with others in the fire service. For example, firefighters reported reduced sense of belonging when their fellow firefighters neglected expected indicators of respect (e.g., "Do not address me with my rank"), and/or communicated in a condescending way (e.g., "Think they can raise their voice at me, even as my subordinate," or "Use vulgar language"). This departure from respect for hierarchy demonstrated the interplay between incivility and belongingness for minority firefighters. Specifically, this cluster highlighted how civil behaviors were communicated through "norms for respect" (Andersson & Pearson, 1999), which translated to a sense of belonging. In the fire service, hierarchy is both valued and essential to functioning as a unit during emergency events as each individual has their assigned role (Phoenix Fire Department, 2018). Thus, undermining this role jeopardizes the functioning of the team and may result in a disjointed crew that is less functional in emergency situations.

Cluster 5: Questioning Competence, Ability and Degrading Remarks housed statements that called the minority firefighters' professional competence into question through making negative comments about ability (e.g., "Say I am not good enough"), questioned their ability

based on personal characteristics (e.g., “Ask me why I am doing this at my age”), devalued professional abilities due to not having additional training (e.g., “Treat me like I am not qualified because I am not a paramedic”), and made assumptions or assertions about qualifications (e.g., “Ask who taught me how to fight fire” or “Automatically assume that I am in EMS and not suppression”). While some of these statements may not initially raise defenses among individuals without experience in the fire service, many of these statements appeared to communicate a lack of trust in the firefighters receiving these messages and implied or directly signaled a perception that the firefighter was not capable of the work without justification for these beliefs, which was highlighted by one firefighter’s experience when a coworker stated they were “...not experienced enough with no definition of ‘enough.’” Ghavami et al. (2011) identified that minority group members draw a sense of pride and positive feelings by being part of a group while those who do not experience affirmation of their membership are more likely to experience low self-esteem and overall wellbeing, although it is unclear how an individual with a strong sense of belonging in one domain (e.g., personal life) may impact sense of belonging in an environment where aspects of their group membership is not affirmed. The types of behaviors in this region appear to position the firefighters that experience them as an outsider of the group, which demonstrates the opposite of what would be expected for those who are perceived as belonging and highlight behaviors that reduce overall sense of wellbeing. (Ghavami et al., 2011; Ross & Tartaglione, 2018).

In this region, each of these statements demonstrated how acts of incivility that communicate respect, or lack thereof, have an impact on sense of belonging (Cockshaw & Shochet, 2010; Cockshaw et al., 2012; Strayhorn, 2012; Vaccaro & Newman, 2016). More than the regions presented thus far, the statements in this category have a resemblance to statements

from the PSOM (Cockshaw & Shochet, 2010) that were strongly correlated with heightened levels of depression (e.g., “I can really be myself in this organization,” “The managers/supervisors here respect me,” and “People here know I can do good work.”). Thus, out of all the regions thus far, the uncivil behaviors in this region may have the greatest influence on increased feelings of depression due to workplace belongingness, although further research must be done to determine if the exact behaviors in this study are associated with depressive symptoms.

Region 4: Lack of Understanding and Respect for Cultural and Individual Differences

This region represented the largest group of statements elicited from this study with 33 total statements and denoted a departure from incivility and entry into overtly racist and discriminatory behaviors. These comments and behaviors included comments on racial and cultural deviation from the norm including racism in the form of joking (e.g., “Mockingly imitate an Asian accent” or statements that represented underlying racial and cultural biases (e.g., “Ask me if I came to the country legally”). Past research has shown to, at the minimum, such behaviors reduced sense of belonging among individuals who may have already felt underrepresented in their group and often forced minority individuals into feeling the need to conform to stereotypes (Eguia, 2017; Ghavami et al., 2011; Simonsen, 2018; Stachl & Baranger, 2020). Additionally, these behaviors may represent minority or majority group members expressing distaste with a minority firefighter not conforming to expectations others have for their minority group (e.g., “Berate me for not speaking Spanish” or “Comment on my desire to be on the dive team because they didn’t think black people liked water”). These types of behaviors are invalidating of an individual’s personal identity and indicate a lack of acceptance of how an individual uniquely expresses their multiple identities outside of barriers of race and

culture, which have been demonstrated to decrease overall wellbeing and sense of belonging (Goss et al., 2017; Simonsen, 2018; Stachl & Baranger, 2020).

While most of the statements in this region fell under racially driven behaviors and biases, other cultural differences were also included. For example, statements about political differences and views of socioeconomic status (e.g., “Comment on me being liberal” or “Make comments about the neighborhoods that are within our city”) highlighted that biases about any differences in background and behavior may be subject to comment from fellow firefighters, something that can further reduce sense of belonging among individuals that are already minoritized by highlighting further differences between that firefighter and what is perceived as the majority (Ghavami et al., 2011; Sedgwick et al., 2014; Simonsen, 2018). Further, while most of these statements were statements made directly to or about a minority firefighter, some of them were not directed towards that minority firefighter. Such statements corroborate Porath, Foulk, et al.’s (2015) findings that uncivil behaviors have a direct negative effect on bystanders which are similar to those seen in individuals that are the direct targets of incivility (e.g., decrease in cognitive abilities and reduced communication). Thus, although the individual on the receiving end of uncivil behaviors was directly impacted, minority firefighters were also impacted by those statements regarding individuals of the same race as them (e.g., “Say things about people of my race amongst other firefighters” and “Say people should learn how to speak English because they are in the USA.”) or comments on circumstances that directly relate to someone’s culture or race (e.g., “Talk about the wall that is supposed to be built along the US border”). Similarly, while these statements were not directed at minority firefighters, often they were perceived as communicating lack of belonging by associating that individual with the “others” (Sedgwick et al., 2014).

This leads to the question of how these behaviors go relatively unnoticed by the majority in the fire service and, in some ways, are acknowledged equally as little as uncivil behaviors. The fire service and similarly male-dominated, hypermasculine cultures are known for engaging in interactions that, from the perspective of an outsider, seem inexcusable. For example, inappropriate humor and behaviors (e.g., sexual jokes, physical contact, jokes at the expense of a colleague that would be considered dark or inappropriate in other professions) is common among firefighters and often considered an adaptive method for managing high levels of distress and creating group cohesiveness (Moran & Roth, 2013; Scarborough, 2017; Tracy & Scott, 2006). While it seems exceptional to those not in the profession, the line between use of humor and offensive statements can be exceptionally blurred in these cases, which may lead to many firefighters of both the majority and minority to not identify such behaviors as offensive.

Study Limitations

While this study generated valuable information about belongingness among minority firefighters, there were also limitations. These limitations will be described below along with efforts that were made to address these limitations. In the following section on implications, further suggestions will be made on how to address limitations in future research efforts on this topic.

First and foremost, Concept Mapping (CM) methodology is designed to gather and create visual representations of qualitative information about specific populations (Kane & Trochim, 2007). As a mixed-methods design, the initial efforts of this research process were to identify behaviors that hindered belonging among minority firefighters and to organize these behaviors in a meaningful way. While this study provided valuable information about such behaviors, CM methodology was not intended to reveal cause and effect relationships. Thus, while this study

contributed to identifying behaviors associated with lack of belonging, simply knowing behaviors reduced belongingness does not provide conclusive evidence that these behaviors were the direct cause of low levels of belonging nor it does it indicate that these behaviors were linked with depression, anxiety, or other mental health symptoms. Similarly, additional research would be needed to understand to what degree each of these behaviors impacts sense of belonging and how drastically these behaviors impact work performance, fire crew functioning, and whether these behaviors are risk factors for development or exacerbation of mental health symptoms.

Secondly, the data obtained from this CM study is specific to the individuals that participated. Subsequently, this information is not generalizable to other populations of firefighters and further research would need to be done to determine if the data that emerged from this study is applicable to a larger group of minority firefighters with greater diversity between rank, tenure, geographical location, etc. Participants in this study were recruited through convenience and snowball sampling methods and represented perspectives of minority firefighters from five states within the U.S. No information was collected about the fire departments in which the participants worked in order to protect confidentiality of the firefighters. Thus, many of the participants were from the same regions and may have been from the same departments, which would result in valuable information about experiences of not belonging in those specific departments but does not necessarily generalize to all regions of the U.S., nor does it generalize between different departments. For example, it is likely that there are significant differences between urban fire departments and those that are more rural (Johnson et al., 2020). Between departments there may be greater levels of diversity in some regions, some cities, and some cities may prioritize allocation of resources to promotion of diversity and sense of community and connection within the department. Further, it is likely that there may be

differences in perspective between individuals at different points in their career or if focus was given to individuals with intersectional minority identities.

Thirdly, and in conjunction with the above limitation, attrition rates were high in this study. Participant recruitment and retention throughout all rounds of data collection proved extremely difficult and resulted in a delay in the data collection process, a challenge which has been echoed in other research using this methodology and a systematic review of concept mapping dissertations found that the highest rate of participation occurred during statement generation stage and the lowest participation occurred in the interpretation stage (Donnelly, 2017; Kane & Trochim, 2007). On the other hand, many CM researchers elect to either complete the interpretation themselves or bring back a smaller group of participants for this phase, which may indicate this attrition rate is not a drawback after all (Conceição et al., 2017; Donnelly, 2017). While this study met minimum participant requirements that have been demonstrated to produce reliable results in past research (Kane & Trochim, 2007; Kemer, et al., 2021), attrition rates were nonetheless a challenge in this study and resulted in the need for continued recruitment of participants throughout each round of data collection. Although I made efforts to reduce the likelihood of attrition by providing monetary incentives made possible by a VACES grant, retention of participants presented a challenge throughout the research process and resulted in research delays which may have added to attrition of further participants that would have otherwise engaged in further rounds of data collection, although there is no way of verifying this.

Finally, although efforts were made to bracket personal beliefs, experiences with the fire service, and biases that may have influenced data analyses in this study, as with any qualitative analysis, there is the potential that the results may have been influenced by my own worldview

and academic perspectives. To counterbalance this, participants were included in all three rounds of data collection to provide testimonial validity (Bedi, 2006), the dissertation chair was intimately involved in editing and synthesis of the data, and an external auditor was utilized to review statements, regions, and clusters. Nonetheless, alternative results may have developed from data analysis with another researcher or team of researchers.

Implications for Mental Health Professionals, Counselor Education, and the Fire Service

In this section, I review implications of this research for mental health professionals, counselor education, and the fire service, and conclude with implications for future research on sense of belonging among minority firefighters.

Implications for Mental Health Professionals

Findings from this study corroborate what we as mental health professionals already understand about the importance of promoting feelings of acceptance, support, inclusion, respect, and being culturally aware to increase belongingness, all of which been linked to managing mental health symptoms and reducing the likelihood of developing further mental health symptoms (Brooks et al., 2016; Brooks et al., 2015; Chu et al., 2019; Lambert et al., 2013; Shakespeare-Finch & Daley, 2017). The regions and clusters identified by participants in this study highlighted empirically supported facets of belonging listed above such as acceptance (*Cluster 1: Socially Excluding and/or Alienating; Cluster 6: Overtly Racist Comments and Behaviors; and Cluster 7: Overtly Discriminatory Behaviors and Biases*), respect (*Cluster 2: Lack of Professional Appreciation, Support, Inclusion and Opportunities; Cluster 3: Disregarding Autonomy, Preferences, and Desires; Cluster 4: Communicating in a Disrespectful and Condescending Manner; and Cluster 5: Questioning Competence, Ability and Degrading Remarks*), inclusion (*Cluster 1: Socially Excluding and/or Alienating and Cluster 3:*

Disregarding Autonomy, Preferences, and Desires), and support (*Cluster 2: Lack of Professional Appreciation, Support, Inclusion and Opportunities*). Sense of belonging in the workplace determines how much an individual is capable of drawing from these social supports in their professional lives (Porath, Foulk, et al., 2015; Porath & Pearson, 2012). Despite this knowledge, there are strikingly few resources available to firefighters and first responders in general.

Results of this study provide valuable insight into ways mental health professionals can improve their practices in individual counseling with minority firefighters. Beginning with the findings from *Region 1: Preventing a Sense of Inclusion*, it is important to provide support in coping with how social exclusion impacts a firefighter's ability to function both professionally and personally. These efforts can be made proactively at a systemic level through interventions such as mental health professionals providing workshops and educational seminars to fire service leadership and fire service members about ways of creating inclusive and supportive work environments or creating larger support networks and therapeutic interventions following traumatic events. On an individual basis, use of Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), and Narrative Therapy are some of the strategies that may be useful in aiding an individual experiencing these types of behaviors to challenge internalization of these exclusionary messages and also to acknowledge that it is ok to be emotionally impacted by these interaction (Pederson, 2015; Sue et al., 2019; Wenzel, 2019). Further, it is important to counter these feelings of social exclusion through corrective emotional experiences within the counseling sessions and indicates that these clients may benefit from group psychoeducation and group counseling as well (Brown, 2016; Lawson-McConnell, 2017). The experiences depicted in *Region 2: Preventing Professional Recognition, Development, and Promotion* and *Region 3: Professionally Degrading and Demeaning* require counselors to

acknowledge the system within which the minority firefighter is functioning and, thus, necessitates an approach that empowers the minority firefighter to make career decisions that best suit them, such as pursuing training outside of their department or advocating for training in internally, while also being aware that a “if you try hard enough, you can do it” mentality may be counterproductive and minimize the reality that, despite equal or superior qualifications, the system is oppressive and potentially intentionally preventing equal opportunities for these firefighters. Further, similarly to recommendations indicated by the first region, it is important that if the firefighter chooses to stay in the profession, the counselor provides them with tools to attend to self-care and create work-life balance in order to counterbalance the adversity they may face in their chosen career. The behaviors described in *Region 4: Lack of Understanding and Respect for Cultural and Individual Differences* point to the need to address a minority firefighter’s cultural identity and identity development as part of the counseling process (Day-Vines et al., 2021; Sue et al., 2019). Before doing so, it is also important for counselors to take stock of their own biases regarding race, culture, and the fire service as a whole (Ratts et al., 2015; Sue, 2015). This may require seeking further education, engaging in self-reflection, or seeking consultation. In work with an individual experiencing the types of racist and discriminatory behaviors outlined in this region, it is important to create a safe space by making it clear that topics of race and culture are an acceptable and expected part of the counseling discussion (Day-Vines et al., 2021). Similar to recommendations made based on the previous regions, the behaviors identified in this region underscore the importance of aiding minority firefighter clients in identifying existing social supports within the department as well as outside of the department. This may also include identifying exceptions to the harmful experiences they

encounter by discussing positive social interactions and individuals with whom they have felt a higher sense of belonging.

Further, the behaviors identified in this study, while they did not assess mental health symptoms, serve as a reminder that issues that manifest related to work may not always be related to traumatic experiences but could be associated with cultural components on the fire service that reduce sense of self-efficacy and contribute to anxiety and depression (Lambert et al., 2013; Stanley et al., 2018). Therefore, mental health providers to enter a counseling relationship with a minority firefighter with an open mind and with the awareness that the issue may need to be viewed through a system lens as opposed to focusing purely on the individual and neglecting to attend to larger system influences.

Although mental health providers may offer individual counseling, it is uncommon and difficult to find group supports for firefighters. Results from this study offer insights into the importance of developing group counseling options for minority firefighters and could be utilized to develop culturally sensitive group supports for minority firefighters. Strikingly, although there are numerous support groups surrounding general trauma (American Trauma Society, n.d.) and concerns such as addiction (Alcoholics Anonymous [AA], n.d.; IAFF, n.d.; Narcotics Anonymous [NA], n.d.; Overeaters Anonymous [OA], n.d.), often offered in person as well as online, in my search for firefighter mental health support groups, few are designed to address the unique needs of firefighters and none of these have been offered online. This is particularly concerning as group-based interventions have been found particularly useful in increasing a sense of community, sense of belonging, and reducing feelings of judgment and loneliness (Brown, 2016; Lund et al., 2019). While it is true that firefighters are welcome at these

general meetings, there are significant barriers to receiving the necessary help in a group setting that is not specific to the fire service.

Firstly, firefighters often report hesitance to recount trauma experiences to others who are not accustomed to hearing graphic and disturbing information (Phillips, 2020) such as what they may see on a day-to-day basis. Although 75% of the firefighters that participated in this study indicated experiencing a life altering event that enhanced bonding with their crew members, some traumas are unremarkable to firefighters, yet would still be events they would be reticent to share in a group of civilians (e.g., responding to accidents or doing CPR on an individual they know is deceased). Similarly, minority firefighters in this study acknowledged that as a whole, they felt their cultural perspectives and identity were not respected or well-understood by those who engaged in behaviors that hindered their sense of belonging (e.g., *Cluster 6: Overtly Racist Comments and Behaviors* and *Cluster 7: Overtly Discriminatory Behaviors and Biases*). This suggests that creation of groups that are culturally sensitive and/or directed toward minority firefighter concerns would promote feelings of belonging by creating inclusion (*Cluster 1: Socially Excluding and/or Alienating*) and supported (*Cluster 2: Lack of Professional Appreciation, Support, Inclusion and Opportunities*). Secondly, just as there is safety and a sense of universality for those attending meetings specific to their presenting concerns, firefighters and other first responders often report feeling misunderstood or as if they cannot speak as freely when not in an environment with those that understand the profession (Phillips, 2020). Such group interventions could promote improved ability to cope with adversity by creating community through the group conversations and activities (opposing behaviors presented in *Cluster 1: Socially Excluding and/or Alienating*; *Cluster 2: Lack of Professional Appreciation, Support, Inclusion and Opportunities*; *Cluster 3: Disregarding Autonomy, Preferences, and*

Desires), reducing feelings of being alone in their experience (opposing behaviors presented in *Cluster 1: Socially Excluding and/or Alienating*; *Cluster 2: Lack of Professional Appreciation, Support, Inclusion and Opportunities*; *Cluster 3: Disregarding Autonomy, Preferences, and Desires*), bolstering confidence in their professional abilities (opposing behaviors presented in *Cluster 3: Disregarding Autonomy, Preferences, and Desires*; *Cluster 4: Communicating in a Disrespectful and Condescending Manner*; *Cluster 5: Questioning Competence, Ability and Degrading Remarks*), providing corrective emotional experiences (*Clusters 1-7*), and learning from how peers have coped with similar circumstances (*Clusters 1-7*), all of which have been identified as outcomes of the group counseling experience (Brown, 2016; Lund et al., 2019).

The IAFF along with the IAFF Center of Excellence (COE) are example of organizations that have made considerable efforts to identify community providers with education and training in providing services to fire service members, but this is just a starting point. Results of this study illustrate a need to improve healthy communication (e.g., *Cluster 4: Communicating in a Disrespectful and Condescending Manner*) and offer support to crew members (*Cluster 2: Lack of Professional Appreciation, Support, Inclusion and Opportunities*). Mental health providers can partner with the fire service to improve quality of training on interpersonal communication skills and fostering supportive bonds between crew members. It is important to recognize that while issues that manifest outside of work may bring the firefighter to counseling, interpersonal dynamics on the job may trigger mental health symptoms and systems approach to addressing the client issue may be warranted more often in these cases (Frögéli et al., 2019; Smith et al., 2017). Counselors should be aware of local minority firefighter groups within the community that firefighters can draw additional support from.

Implications for Counselor Education

Not only do the findings of this study have implications mental health professionals, but also for counselor educators. Specifically, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) set forth the CACREP Standards (CACREP, 2016) for educating counseling students and preparing them for provision of mental health services across various counseling specialty areas. The findings of this study may lend themselves to counselor education efforts addressing both trauma and cultural aspects of counseling as outlined in these standards.

Firstly, Standard C.2.f. asserts that counseling students should be trained to understand the “impact of crisis and trauma on individuals with mental health diagnoses,” (CACREP, 2016, p. 23). Part of understanding trauma and resiliency is developing and understand of protective and risk factors. The contributions of this study lend themselves to development of a comprehensive list of risk factors that counselors should be aware of and assess for as low sense of belonging and lack of social support has been linked with increased likelihood of developing complications from trauma experiences and reduced resiliency after traumatic events (Armstrong et al., 2016; Chu et al., 2019). With further development, the behaviors identified in this study could be incorporated into development of coursework that could aid in training counselors about additional ways of assessing for risk factors for firefighters (or other first responders) following traumatic events and guide counselors in identifying relevant social supports and appropriate interventions to enhance protective factors to counterbalance risk factors present due to the nature of the fire service.

Secondly, Standard C.2.j. outlines expectations that counseling students receive coursework addressing “cultural factors relevant to clinical mental health counseling”

(CACREP, 2016, p. 23). The findings of this study provide unique insights into a frequently unaddressed culture of the workplace and, even more specifically, subcultures that exist within the larger culture of the fire service. In conjunction with education about providing services to individuals that have experienced trauma or vicarious trauma, educating students on the specific culture within which firefighters function is imperative to future counselors understanding the unique social and workplace dynamics that firefighters function within in order to understand how to best address the presenting concerns of the firefighter seeking treatment (Phillips, 2020). Just as it is important to understand and being accepting of the culture within which our general clients have developed and functioned, it is important to be respectful and understanding of the culture of the fire services. As outsiders to the profession, our assertions about flaws in the system may not be helpful or welcomed and may be misguided without understanding the social context our firefighter clients' function within (Jacobsson et al., 2020). On the other hand, better understanding the culture of the fire service by understanding the unique behaviors that communicate belonging, particularly to minority firefighters working in a profession dominated by White cisgender men, can allow us to stand by them and advocate with them to the degree they want us to.

Implications for the Fire Service

Findings from this study indicated lowered sense of belonging based on uncivil behaviors in the workplace. We know from past research that individuals were less likely to draw upon social supports during times of high stress if they did not perceive social support during ordinary social interactions (Lakey & Orehek, 2011; Rodwell & Munro, 2013). This is concerning because although the fire service has been making increased efforts to address mental health issues and increase access to mental health supports such as Employee Assistance Programs

(EAP's), mental health and resiliency trainings, Crisis Intervention Debriefings, and peer support programs (IAFF, 2020; Mikulan, 2019), these services may not be accessed if employees already lack confidence in the system. Thus, the supports put in place to aid firefighters experiencing increased mental health symptoms or struggling to cope with job-related traumas and stressors or even less likely to reach out for help if they experience low levels of belonging within the organization (Lakey & Orehek, 2011; Rodwell & Munro, 2013).

The results from this study are important for the fire service and individual fire departments to consider in their efforts to address overall mental health among their firefighters. *Cluster 6: Overtly Racist Comments and Behaviors* and *Cluster 7: Overtly Discriminatory Behaviors and Biases* underscored a need to take a deeper look at racist and discriminatory behaviors occurring in this profession. While addressing mental health and offering supports is a good start, in order to foster an environment where incivility and blatant racism is not tolerated, a culture shift has to take place. This should not rest on the shoulders of minorities experiencing these behaviors alone. It is an organizational effort and takes the majority members of the department being willing to step forward, lead by example, and change the culture of the fire service to be more inclusive. As a community, we recognize this is not an issue exclusive to the fire service (Randel et al., 108; Shore et al., 2018).

Additionally, it is important to remember that although acts of incivility may be targeted at individuals, uncivil behaviors and lack of belonging impacts entire crews and this creates a ripple effect shifting the overall culture of the organization and translating to the care provided by firefighters to citizens served in the community as well. This is illustrated particularly well by statements that were not necessarily directed at the participants themselves (e.g., "Treat people differently due to race" and "Make racist statements.") or could have a direct impact on service

provision (e.g., “Talk badly about the citizens that we serve” and “Make comments about the neighborhoods that are within our city.”). In this case, what begins as a seemingly small act results in greater problems for the organization as a whole such as lawsuits, lack of diversity and ability to serve a diverse population of citizens, stunted department growth, decreased innovation and new ideas, staffing shortages, increased health issues, and increased mental health crises (Lim et al., 2008; Porath, Foulk, et al., 2015; Porath & Pearson, 2012). While each of these is serious in their own regard, this is also relevant to the bottom line which most agencies function from and by investing time and money in proactively manage mental health through interventions that increase efforts to promote behaviors that foster sense of belonging among all firefighters, departments could make a long-term investment into the wellbeing and sustainability of their organization.

Implications for Future Research

The results of this study provide a preliminary understanding of workplace belongingness among minority firefighters, yet they lead to several further questions, and it is clear that future research is needed in this area. As the first study to explore what uncivil behaviors reducing feelings of belongingness among minority firefighters, this study was a small step toward the bigger picture in this research domain.

Following with future CM studies on workplace belonging among minority firefighters, ratings could be used to obtain an understanding of which of the behaviors gleaned from this study have the most impact on sense of belonging (Kane & Trochim, 2007). Similarly, based on Kane and Trochim’s (2007) recommendations, the rating scale could be used to identify which statements of belonging elicit the strongest emotional responses from participants (e.g., which statements are most likely to induce sadness, anger, fear, etc.). Each of these rating tasks could

yield valuable information about which of these statements is the most impactful for overall sense of belonging and which emotional states are generated from these experiences, which would contribute to understanding of emotional reactions to acts of incivility and their interaction with sense of belonging.

A second recommendation for future studies would be to look at the alternate side of belonging by prompting participants to generate statements of experiences that promote belonging and follow the same CM process to generate a list of behaviors that promote belonging. This process would highlight the perceived social support aspects of RRT (Lakey & Orehek, 2011) as opposed to looking and perceptions of not having social support. By looking at both the hindering and promoting statements, a more well-rounded picture of belonging within the fire service would emerge and this would allow for development of useful guidelines that aid fire departments, mental health professionals, and counselor educators in establishing protocol not just for avoiding certain uncivil behaviors but for implementing programming and accountability for engaging in behaviors that promote belonging for minority firefighters.

Generating further statements with a larger group of participants from a wider range of states and accounting for department size and urban versus rural service areas could also result in a more comprehensive list of statements. This could lend itself to increased generalizability of the results and allow the development of a measure that could be used to assess sense of belonging among minority firefighters. Further, many statements produced by this study were general enough to be applicable to a general population of firefighters and could warrant further exploration of how these statements relate to experiences that reduce sense of belonging among all firefighters. Along the same lines, this exploration could be focused on other minority groups beyond the racial minority firefighters that were targeted for this study (e.g., gender and sexual

orientation minorities) which would elucidate distinctions between behaviors that specific minority groups may face and just as suggested above, lend itself to a more comprehensive understanding of the range of belonging (or not belonging) experiences of firefighters.

Finally, based on the responses from the original participants that generated the list of hindering belonging statements, nine out of 10 indicated they had a life altering experience in their work as a firefighter (e.g., near death experience of self or coworker, or a citizen rescue) that resulted in a stronger bond between the participant and their co-workers. Exploring the interaction between experiencing life altering events and perceived sense of belonging could lend itself to better understanding how and when minority firefighters draw from these supports. This also demonstrates that feelings of non-belonging can coexist with feelings of connection and deep bonding, a complex relationship that would require further research to better understand.

Conclusion

This study illuminated issues that could be further researched and spur important changes in the fire service and for those providing mental health treatment to these first responders by identifying coworker behaviors that hindered feelings of belonging among minority firefighters. As the first study addressing incivility and sense of belonging in this population, it provided a steppingstone for much needed future research in this area by offering an initial idea of behaviors that reduce sense of belonging among minority firefighters, and at the minimum validated experiences that minority firefighters may have previously felt alone in experiencing, a sentiment that was shared by one participant during the focus group. The results of this study can serve as a launching pad for many important discussions not only in the counseling profession, but in the fire service as well as we try to do better as a community to promote wellbeing, resiliency, healing, and reduce mental health stigma for those who serve and protect us daily.

CHAPTER 6

Manuscript

Incivility Of Coworker Behaviors and Minority Firefighters' Belongingness in The Workplace

ABSTRACT

In this study, I sought to understand how minority firefighters' experiences of incivility impacted their sense of belonging using a mixed methods design, Concept Mapping (CM; Kane & Trochim, 2007). Ten firefighters that self-identified as racial minorities generated 73 statements describing behaviors that decreased their feelings of belonging. These statements were organized into four regions encompassing seven clusters. I discussed findings of the current study with implications for mental health professionals' treatment of firefighters, counselor education, and the fire service as a whole as well as the limitations to the study and suggestions for future research.

Keywords: minority firefighters, co-workers, incivility, belonging, workplace

Incivility of Coworker Behaviors and Minority Firefighters' Belongingness in the Workplace

Introduction

In this study, I sought to understand how civility and incivility influence belonging among minority fire fighters. Andersson and Pearson (1999) defined civility as “behavior involving politeness and regard for others in the workplace, within workplace norms for respect” (p. 454). On the other hand, incivility was defined as “acting rudely or discourteously, without regard for others, in violation of norms for respect in social interactions” (Andersson & Pearson, 1999, p. 455). Researchers reported that incivility has a disastrous impact on mental health symptoms and work performance in multiple professions while civility effectively predicts positive outcomes in the workplace (Kunkel & Davidson, 2014; Porath, Foulk et al., 2015; Porath & Gerbasi, 2015; Porath, Gerbasi et al., 2015; Porath & Pearson, 2012). Similarly, belongingness, or “the extent to which the individual feels personally accepted, respected, included, and supported by others in the organizational environment” (Cockshaw & Shochet, 2010, p. 284), has proven to have a negative relationship with mental health symptoms (Shakespeare-Finch & Daley, 2017). Thus, an individual’s experience of civility and belonging are both associated with less mental health symptoms. Although much of the research on incivility to date (e.g., Andersson & Pearson, 1999; Porath, Foulk et al., 2015) has alluded to the connection between uncivil behaviors and decreased sense of belonging in those who experience these behaviors, researchers have not directly explored this relationship. One profession where these findings have particular significance is in the fire service as it is becoming ever apparent that greater resources are needed to address the mental health of first responders, including fire fighters (International Association of Firefighters [IAFF], 2019; Stanley et al., 2017; Substance Abuse and Mental Health Services Administration [SAMHSA], 2018).

Existing research has explored professional responsibilities that put firefighters at greater risk for developing mental health symptoms (Choi et al., 2017). Further, multiple studies have implicated that lack of belonging among minorities may hinder the development of self-identity and increase mental health symptoms (Chu et al., 2019; Ghavami et al., 2011; Simonsen, 2018), thus minority firefighters may be a particularly vulnerable population given the level of employment stress they are exposed to, not accounting for workplace dynamics such as level of belongingness. With less than 15% of professional firefighters identifying as an ethnic or gender minority (Bureau of Labor Statistics, 2019), it is important to understand these firefighters' experiences of belongingness in a profession that is notoriously high stress and traditionally dominated by Caucasian males. This is particularly pressing due to the reality that suicide rates among first responders have surpassed line of duty deaths in recent years (Heyman et al., 2018; Stanley et al., 2015). Understanding belonging among minority firefighters may be a key in improved mental health outcomes for these first responders as past research has linked belongingness to decreased depressive symptoms, decrease suicidality and lower psychological distress among trauma-exposed firefighters (Armstrong et al., 2016; Cockshaw & Shochet, 2010; Haslam & Mallon, 2003).

The purpose of the current study was to examine minority firefighters' descriptions of behaviors that reduce their sense of belongingness in their workplace. By attending to this aim, I hoped to be able to inform interventions for clinical practice with firefighters, contribute to knowledge in multicultural counseling education specific to the fire service, and highlight the unique needs of minority firefighters with the goal of promoting mental health programs in the community and within the fire service.

Methodology

Participants

As indicated by CM methodology, I obtained data across three rounds of data collection that spanned from November 2020 to June 2021. Across all three rounds of data collection, 12 total participants were part of the data collection process. Of these 12 participants, seven were men (58.33%), four were women (33.33%), and one was non-binary (8.33%); five (41.67%) were Hispanic/Latino(a), four (33.33%) were African American/Black, two (16.67%) were Asian/Pacific Islander, and one (8.33%) was Biracial (“half Black, half White”). Participants ranged from 28 to 49 years old ($M = 38.67$, $SD = 6.51$).

The majority ($N = 10$, 83%) of participants identified their departmental rank as a Firefighter, while one (8%) identified as an Investigator, and one (8%) identified as a Lieutenant with time in the fire service ranging between two and 26 years ($M = 9.17$, $SD = 7.18$). Eleven firefighters (92%) reported they have always served as a professional firefighter and did not serve as a volunteer firefighter first. The firefighters that participated in this study were employed in fire departments across five different states in the U.S. Most participants served in a department on the eastern coast of the U.S. to include six from Virginia (50%), one from Maryland (8%), and one from Florida (8%), while two were from Arizona (17%) and two (17%) were from Alaska. Finally, nine participants (75%) indicated they faced a life altering experience in their work as a firefighter (e.g., near death experience of self or coworker, or a citizen rescue) that resulted in a stronger bond between the participant and their co-workers.

Data Collection Procedures and Analyses

In this study, I used a structured, integrated mixed methods design to examine what behaviors minority firefighters believe contribute to their sense of belonging in the workplace.

Kane and Trochim (2007) developed and designed Concept Mapping (CM) with both quantitative and qualitative components to elicit and organize the thoughts of small or large groups. CM is not limited to geographical location, promotes engagement of less accessible participants, and prioritizes participant perspectives in a way that can be systematically evaluated to understand broader themes (Cook & Bergeron, 2019; Kane & Trochim, 2007), thus making this methodology an ideal fit for the study of belonging among career firefighters.

The six steps indicated for CM include: (1) preparation, (2) generation of statements, (3) structuring of statements, (4) representation of statements, (5) interpretation of maps, and (6) utilization of maps (Kane & Trochim, 2007). Being beyond the purposes of this study, step six was not utilized. This step entails application of the data in making measurable changes or adjustments that address key issues highlighted through CM.

Generation of Statements

In this step of CM, I asked participants to generate statements about coworker behaviors that hindered their feelings of belonging in their workplace. Generation of statements was followed by a process of editing and consolidating for clarity and to avoid redundancy. The remaining statements were utilized for the remainder of the study. All materials were accessible to participants through the study website I created as well as via email. When participants elected to participate, they accessed the informed consent, initial demographic survey, and generation of statement tasks through a Qualtrics link provided on the study website. The online method of statement generation that was used has been demonstrated to promote a greater range of participant responses as participants do not have to fear criticism or judgment for providing a response that others disagree with or may react to (Kane & Trochim, 2007), making this format particularly suitable to research with minority firefighters who are being asked to share personal

experiences related to feelings of not belonging. To address the research questions of this study, the following prompt preceded the focus statements:

“Please use the text boxes below to generate SHORT PHRASES OR SENTENCES that describe coworker behaviors that have resulted in **DECREASED** feelings of belonging in your workplace. You may consider your past and current experiences in your workplace that have influenced your sense of belonging. The term belonging or belongingness refers to “the extent to which the individual feels personally accepted, respected, included and supported by others in the organizational environment” (Cockshaw & Shochet, 2010, p. 284). To complete this process, you may also consider experiences in prior fire departments as well if you have worked in different departments in the past. In the boxes below, please complete the prompt provided by listing AS MANY STATEMENTS AS POSSIBLE based on your personal experiences as a *minority firefighter*. Please be AS CLEAR AND CONCRETE AS POSSIBLE.”

Participants were then shown the following focus statement to generate a list of statements:

I feel as if I do NOT belong in my workplace when my coworkers (do/say) _____.

In the first round of data collection, 10 participants generated a total of 90 statements ($r = 16$, $M = 9.20$, $Median = 10$, $Mode = 5$ and 10 , $SD = 4.83$) describing behaviors their coworkers have engaged in or statements their coworkers have made that hindered feelings of belonging in the workplace. Participants generated all statements exclusively online using a Qualtrics survey. Following the editing and synthesis process, a final set of 73 statements was obtained.

Structuring of Statements

I input the synthesized statements into the Proven by Users, an online card sorting program. Next, I recorded a video describing and demonstrating the sorting process and timeline for sorting and this was emailed to all potential participants. A written set of instructions for the sorting task was also provided to all participants entering this round of data collection via email. This task was done asynchronously, although I remained available by email or phone to answer any participant questions or issues that arose. Per Kane and Trochim's (2007) guidelines, the following prompt was provided to sort the statements that depict behaviors *hindering* belonging:

The purpose of this sorting task is to organize the statements provided into groups that you believe represent hindering your sense of belongingness. Each of the statements represent coworker behaviors that minority firefighters have indicated **decrease a sense of belonging** in their workplace. Once you have organized the statements into groups, you will label each group with a word or phrase that represents the statements within that group. Please follow the below guidelines when sorting your statements:

1. Statements cannot be sorted into a single group, so there must be more than one group with no limit to the number of groups you can create,
2. A single statement can make up one group but please use this strategy for only those that do not seem to fit any of your groups,
3. A statement may only be assigned to one group. If a statement seems to fit into multiple groups, choose which group the statement fits *best* with.

Participants sorted the final list of 73 statements into groups of conceptually similar statements ($r = 6$, $M = 7.56$, $Median = 7$, $Mode = 10$, $SD = 2.46$). Nine participants completed this round of data collection.

Upon completion of the sorting task, the data was input in the R software to generate statistical results in the form of a Group Similarity Matrix (GSM), Multidimensional Scaling (MDS), and Hierarchical Cluster Analysis (HCA). First, I utilized an Excel spreadsheet to create a Group Similarity Matrix (GSM) to organize the data. Next, the GSM was input into the R software to generate the MDS. The resulting two-dimensional MDS allows conceptual similarity to be represented through physical distance on a point map. Kane and Trochim (2007) suggested that most CM studies fall between the range of 0.205 and 0.365 stress value indicating goodness of fit of the statements points on the map in contrast with the original data input. This study yielded a .241 stress value, indicating the two-dimensional MDS was a good fit with the participant data. Finally, results of the MDS were entered into the R software to yield a Hierarchical Cluster Analysis (HCA). The HCA, or dendrogram, provided information about clusters of statements that were most frequently grouped together. I utilized an inductive process to create the smallest possible clusters before combining clusters into larger groups of conceptually similar statements as reflected by each branch of the dendrogram.

Through multiple revisions with the dissertation chair, nine clusters were identified falling into four different regions. This list of statements organized into clusters and regions was sent to an auditor for feedback and revisions. The auditor suggested 20 changes and 14 were accepted, while six were declined due to auditor's recommendation of changing language or phrasing that is specific to the fire service or inability to move statements due to lack of proximity on the point map, reflecting lack of conceptual similarity according to participant sorting. Based on the data analysis and auditing processes, the 73 statements were grouped in four regions consisting of eight total clusters.

Interpretation of Map (Focus Group)

Interpretation of maps was the final step of this CM study. During this step, participants met in a focus group to assess current clusters, cluster labels, and discussed any changes that needed to be made. The inclusion of this step speaks to the importance of participants' voices and perspectives regarding the results of the research and how the findings may be applied (Kane & Trochim, 2007). As anticipated in most CM studies, attrition rate in this study was high and four participants engaged in the focus group, which was the final round of data collection. This resulted in a desirable effect of participants engaging more frequently throughout the focus group and allowed for a thorough discussion and consensus on each concern or suggested change presented by the participants. The focus group was conducted through Zoom using voice only and all participants logged into the focus group utilizing their participant IDs in order to protect confidentiality. None of the participants elected to utilize the voice change software I provided information about prior to the focus group meeting. The participants read through each cluster and came together to suggest changes to region and cluster labels and made recommendations for moving statements to other clusters where they fit best. Throughout the process, I consulted the point map to ensure that all changes were acceptable according to conceptual proximity on the map. As a result of the focus group 10 changes were made to the sorted and labeled statements, resulting in retention of the four identified regions, with a reduction to seven clusters, and shifting multiple statements to other clusters.

Results

In this CM study, ten firefighters that self-identified as racial minorities generated 73 statements describing behaviors that decreased their feelings of belonging. These statements were organized into four regions encompassing seven clusters. Figure 1 provides a visual

representation (Appendix A) of the regions and clusters that emerged, and Table 1 (Appendix B) provides details for each region and cluster.

The first region of statements, *Preventing a Sense of Inclusion*, consisted of one cluster, “Socially Excluding and/or Alienating,” with nine total statements on the bottom, mid-right quadrant of the map. All behaviors in this region marked specific situations in which the social environment both on-duty and off-duty was not inclusive or was directly exclusionary.

The second region of statements, *Preventing Professional Recognition, Development, and Promotion*, consisted of one cluster, “Lack of Professional Appreciation, Support, Inclusion and Opportunities,” encompassing 11 statements and was located on the right side of the map, spread across both the upper and lower quadrants. The region and cluster encompassed behaviors that spoke to professional roles and how belonging was perceived through professional interactions and roles in the fire service.

The third region, *Professionally Degrading and Demeaning*, was located on the right side of the map, across the upper and lower quadrants and included three clusters: “Disregarding Autonomy, Preferences, and Desires;” “Communicating in a Disrespectful and Condescending Manner;” and “Questioning Competence, Ability, and Degrading Remarks.” This region consisted of 20 statements that demonstrate statements and behaviors that show disrespect for professional and personal abilities as a firefighter.

The fourth and final region, *Lack of Understanding and Respect for Cultural and Individual Differences*, was located on the left-hand side of the point map, across both upper and lower quadrants and incorporated two clusters: “Overtly Racist Comments and Behaviors” and “Overtly Discriminatory Behaviors and Biases”. Representing the largest group of statements elicited from this study with 33 total statements, this region made up almost half of all statements

generated by minority firefighter participants. The behaviors comprising this region depicted racist, biased and discriminatory behaviors based on cultural and individual differences.

Discussion

In the current study, I sought to understand what uncivil behaviors reduce sense of belonging among minority firefighters. The results yielded a range of behaviors demonstrated to hinder a sense of belonging. These statements were summarized by five regions of uncivil behaviors: *Preventing Sense of Inclusion*; *Preventing Professional Recognition, Development, and Promotion*; *Professionally Degrading and Demeaning*; and *Lack of Understanding and Respect for Cultural and Individual Differences*.

Minority Firefighter Belonging in the Context of Relational Regulation Theory (RRT)

Consistent with Lakey and Orehek's (2011) Relational Regulation Theory (RRT) used as the foundation for this study, results of this study demonstrated three of RRT's key principles stating that: (1) *Principle 3*: Ordinary social interactions drive relational regulation more so than stressful events; (2) *Principle 4*: Shared activities and conversations promote relational regulation and shape the way individuals view others; and (3) *Principle 5*: Perceived support is primarily based on ordinary social interactions and sometimes on enacted social support, which occurs in time of greater stress (Lakey & Orehek, 2011). Specifically, and in accordance with the third principle of RRT, thoughts and feelings of belonging among minority firefighters were influenced by ordinary social interactions with their colleagues. The behaviors identified by participants were behaviors that represented ordinary social interactions as opposed to interactions drawn upon under stressful circumstances or in high stakes work-related tasks. In other words, the behaviors minority firefighters reported impacted their sense of belonging social interactions that would take place during an ordinary shift as opposed to more uncommon or

remarkable situations such as getting into an argument with a crew member or while responding to a challenging call. Participants' responses also highlighted the fourth principle of RRT where, again, the brief and routine interactions participants identified highlighted how lack of shared activities and/or conversations can reduce the potential for relational regulation. This underscores two important facets of the data obtained from the study, 1) shared activities and conversations may result in relational dysregulation, and 2) lack of such activities and conversations may cause a potential challenge in relational regulation as there are no such interactions to regulate with if the minority firefighter lacks personal contact with others in the fire service. RRT principle five was supported as highlighted by participants' statements by delineating situations in which minority firefighters identified lower feelings of perceived support based on ordinary social interactions.

Through the three rounds of data collection and data analysis in this CM study, four regions of behaviors that hindered sense of belonging among minority firefighters emerged. The first and second regions, *Preventing Sense of Inclusion* and *Preventing Professional Recognition, Development, and Promotion*, included one cluster of behaviors each. The third region, *Professionally Degrading and Demeaning*, included three clusters of behaviors, while the fourth region, *Lack of Understanding and Respect for Cultural and Individual Differences*, included two clusters of behaviors. Each of these regions underscored important sets of behaviors that minority firefighters distinguished as negatively impacting a sense of belonging within their fire department.

Regions of Incivility Reducing Sense of Belonging Among Minority Firefighters

The behaviors identified in the first region of hindering belonging statements demonstrated the overlap between professional and personal relationships that is often seen in

the fire service (Firmin, et al., 2018; Morman et al., 2019). These findings corroborate past studies that indicated incivility was seen in behaviors that were considered relatively innocuous (Kunkel & Davidson, 2014) and demonstrated key components of belonging, inclusion and acceptance (Cockshaw & Shochet, 2010). Although these behaviors may have occurred both at work and during personal time, this cluster spoke specifically to personal inclusion in a social group, whether it be relating to others as coworkers or friends. These statements were also consistent with the items that demonstrated a strong negative relationship with belonging from Cockshaw and Shochet's (2010) Psychological Sense of Organizational Membership Scale (PSOM). Similarly, the statements in this region indicated behaviors that had either been demonstrated to hinder feelings of organizational belonging and behaviors that were shown to prevent feelings of belonging, indicating consistency with prior research on factors that influence belonging, positive self-regard, and affect regulation through social interaction (Chu et al., 2016; Cockshaw & Shochet, 2011; Cockshaw et al., 2012; Ghavami et al., 2011; Lakey & Orehek, 2013).

In contrast to the prior region, statements in region two communicated that the firefighter did not belong specific to professional roles by either neglecting to provide the same level of support and encouragement to the minority firefighter or by denying the same opportunities that were offered to others. Some of these behaviors included open criticism, lack of recognition, lack of training, and not valuing the firefighter's contribution to the work-related tasks. On the other hand, many of these behaviors could be perceived as personal slights, which underscores the importance of feeling professionally valued and accepted. The statements incapsulated in this region and cluster aligned with Cockshaw and Shochet's (2010) "included and supported" components of belongingness and bolstered Ghavami et al.'s (2011), Chu et al.'s (2019), and

Simonsen's (2018) assertions that minority individuals rely heavily on the social cues of majority group members to identify their sense of belonging in a social group. While the types of statements included in this region correlated with statement that had a moderate correlation with depression and anxiety in past studies (Cockshaw & Shochet, 2010), they had a strong correlation with feelings of belongings, indicating that the firefighter-generated statements followed the themes of belonging that were represented in prior studies (Cockshaw et al., 2012; Lund et al., 2019; Strayhorn, 2012). Thus, behaviors in this region highlighted how majority group members can jeopardize minority firefighters' ability to feel of value in this profession, leaving firefighters questioning their merit in the fire service or ability to promote and grow professionally. This is important as similar sentiments have been linked to higher turnover rates within an organization (Porath, Foulk, et al., 2015; Porath & Pearson, 2012).

The behaviors illustrated in region three corroborated findings from past research that demonstrated ostracism and degrading interactions has an adverse effect on sense of belonging (Riva et al., 2017; van Beest et al., 2011) and confirmed the notion that both direct and subtle behaviors demonstrated incivility and can impact sense of belonging (Porath & Gerbasi, 2015; Porath, Foulk, et al., 2015; Riva et al., 2017; van Beest et al., 2011). For example, Riva et al. (2017) described how chronic social exclusion to include circumstances such as those described in this category (e.g., ostracism, betrayal, and rejection) result in feelings of helplessness and unworthiness as well as depression. We also know that often minority group members rely on the majority group members' input to assess their own belonging in a social group (Chu et al., 2019; Ghavami et al., 2011; Simonsen, 2018). Thus, these behaviors appeared to add to the likelihood that minority firefighters felt like an outsider to the profession and felt unwanted, regardless of whether these uncivil behaviors were a result of racism or otherwise. The departure from respect

for hierarchy illustrated by statements in this region demonstrated the interplay between incivility and belongingness for minority firefighters when “norms for respect” (Andersson & Pearson, 1999) were disregarded, which translated to a decreased sense of belonging. Further, many of these statements appeared to communicate a lack of trust in the firefighters receiving these messages and implied or directly signaled a perception that the firefighter was not capable of the work without justification for these beliefs. The types of behaviors in this region appear to position the firefighters that experience them as an outsider of the group, which demonstrates the opposite of what would be expected for those who are perceived as belonging and highlight behaviors that reduce overall sense of wellbeing. (Ghavami et al., 2011; Ross & Tartaglione, 2018). More than the regions presented thus far, as presented before, the statements in this category have a resemblance to statements from the PSOM (Cockshaw & Shochet, 2010) that were strongly correlated with heightened levels of depression. Thus, out of all the regions described so far, the uncivil behaviors in this region may have the greatest influence on increased feelings of depression due to workplace belongingness.

This fourth region represented the largest group of statements elicited from this study and denoted a departure from incivility and entry into overtly racist and discriminatory behaviors. Past research has shown to, at the minimum, such behaviors reduced sense of belonging among individuals who may have already felt underrepresented in their group and often forced minority individuals into feeling the need to conform to stereotypes (Eguia, 2017; Ghavami et al., 2011; Simonsen, 2018; Stachl & Baranger, 2020). Additionally, these behaviors may represent minority or majority group members expressing distaste with a minority firefighter not conforming to expectations others have for their minority group, invalidating an individual’s personal identity and indicating a lack of acceptance of how an individual uniquely expresses

their multiple identities outside of barriers of race and culture, which have been demonstrated to decrease overall wellbeing and sense of belonging (Goss et al., 2017; Simonsen, 2018; Stachl & Baranger, 2020). While most of the statements in this region fell under racially driven behaviors and biases, other cultural differences were also included. For example, statements about political differences and views of socioeconomic status highlighted that biases about any differences in background and behavior may be subject to comment from fellow firefighters, something that can further reduce sense of belonging among individuals that are already minoritized by highlighting further differences between that firefighter and what is perceived as the majority (Ghavami et al., 2011; Sedgwick et al., 2014; Simonsen, 2018). Further, while most of these statements were statements made directly to or about a minority firefighter, some of them were not directed towards anybody in particular. Such statements corroborate Porath, Foulk, et al.'s (2015) findings that uncivil behaviors have a direct negative effect on bystanders which are similar to those seen in individuals that are the direct targets of incivility (e.g., decrease in cognitive abilities and reduced communication). Thus, although the individual on the receiving end of uncivil behaviors was directly impacted, minority firefighters were also impacted by those statements regarding individuals of the same race as them or comments on circumstances that directly relate to someone's culture or race. Similarly, while these statements were not directed at minority firefighters, often they were perceived as communicating lack of belonging by associating that individual with the "others" (Sedgwick et al., 2014).

Study Limitations

While the present study generated valuable information about belongingness among minority firefighters, there were also limitations. First and foremost, Concept Mapping (CM) methodology is not designed to attribute cause and effect relationships (Kane & Trochim, 2007).

Thus, while this study contributed to identifying behaviors associated with lack of belonging, it does indicate that these behaviors were linked with depression, anxiety, or other mental health symptoms. Secondly, the data obtained from this CM study is specific to the individuals that participated. Subsequently, this information is not generalizable to other populations of firefighters and further research would need to be done to determine if the data that emerged from this study is applicable to a larger group of minority firefighters with greater diversity between rank, tenure, geographical location, etc. Thirdly, while this study met minimum participant requirements that have been demonstrated to produce reliable results in past research (Kane & Trochim, 2007; Kemer, et al., 2021) and VACES grant funding was used as an attempt to maintain participants, attrition rates were high and resulted in the need for continued recruitment of participants throughout each round of data collection. Finally, although efforts were made to bracket personal beliefs, experiences with the fire service, and biases that may have influenced data analyses in this study, as well as use of testimonial validity (Bedi, 2006), as with any qualitative analysis, there is the potential that the results may have been influenced by my own worldview and academic perspectives.

Implications for Mental Health Professionals, Counselor Education, and the Fire Service

The results of this research have implications for mental health professionals, counselor education, and the fire service, and future research on sense of belonging among minority firefighters. Despite the knowledge that workplace belonging impacts mental health and wellbeing (Porath, Foulk, et al., 2015; Porath & Pearson, 2012), there are strikingly few resources available to firefighters and first responders in general. Results of this study suggest it is important to provide support in coping with how social exclusion impacts a firefighter's ability to function both professionally and personally. Use of Cognitive Behavioral Therapy (CBT),

Dialectical Behavioral Therapy (DBT), and Narrative Therapy are some of the strategies that may be useful in aiding an individual experiencing these types of behaviors to challenge internalization of these exclusionary messages and also to acknowledge that it is ok to be emotionally impacted by these interaction (Pederson, 2015; Sue et al., 2019; Wenzel, 2019). Further, it is important to counter these feelings of social exclusion through corrective emotional experiences within the counseling sessions and indicates that these clients may benefit from group counseling as well (Brown, 2016; Lawson-McConnell, 2017). The experiences depicted also require counselors to acknowledge the system within which the minority firefighter is functioning and, thus, necessitates an approach that empowers the minority firefighter to make career decisions that best suit them, such as pursuing training outside of their department or advocating for training in internally, while also being aware that a “if you try hard enough, you can do it” mentality may be counterproductive and minimize the reality that, despite equal or superior qualifications, the system is oppressive and potentially intentionally preventing equal opportunities for these firefighters. Further, it is important that if the firefighter chooses to stay in the profession, the counselor provides them with tools to attend to self-care and create work-life balance in order to counterbalance the adversity they may face in their chosen career. Moreover, these findings point to the need to address a minority firefighter’s cultural identity and identity development as part of the counseling process (Day-Vines et al., 2021; Sue et al., 2019). Before doing so, it is also important for counselors to take stock of their own biases regarding race, culture, and the fire service as a whole (Ratts et al., 2015; Sue, 2015). Similar to recommendations made based on the previous regions, the behaviors identified in this region underscore the importance of aiding minority firefighter clients in identifying existing social supports within the department as well as outside of the department. This may also include

identifying exceptions to the harmful experiences they encounter by discussing positive social interactions and individuals with whom they have felt a higher sense of belonging. Further, the behaviors identified in this study serve as a reminder that issues that manifest related to work are not always a result of traumatic experiences but could be a result of cultural components on the fire service that reduce sense of self-efficacy and contribute to anxiety and depression (Lambert et al., 2013; Stanley et al., 2018). Therefore, mental health providers to enter a counseling relationship with a minority firefighter with an open mind and with the awareness that the issue may need to be viewed through a system lens as opposed to focusing purely on the individual and neglecting to attend to larger system influences. Along the same lines, findings of this study highlighted the importance of recognizing that interpersonal dynamics on the job may trigger mental health symptoms and therefore presenting concerns may not be at the heart of the challenges a firefighter is facing (Frögéli et al., 2019; Smith et al., 2017). Counselors should be aware of local minority firefighter groups within the community that firefighters can draw additional support from.

Results from this study also offer insights into the importance of developing group counseling options for minority firefighters and could be utilized to develop culturally sensitive group supports for minority firefighters. Group-based interventions have been found particularly useful in increasing a sense of community, sense of belonging, and reducing feelings of judgment and loneliness (Brown, 2016; Lund et al., 2019). Firefighters report hesitance to recount trauma experiences to others who are not accustomed to hearing graphic and disturbing information (Phillips, 2020) such as what they may see on a day-to-day basis. Although 75% of the firefighters that participated in this study indicated experiencing a life altering event that enhanced bonding with their crew members, some traumas are unremarkable to firefighters, yet

would still be events they would be reticent to share in a group of civilians (e.g., responding to accidents or doing CPR on an individual they know is deceased). Similarly, minority firefighters in this study acknowledged that as a whole, they felt their cultural perspectives and identity were not respected or well-understood by those who engaged in behaviors that hindered their sense of belonging. This suggests that creation of groups that are culturally sensitive and/or directed toward minority firefighter concerns would promote feelings of belonging by creating inclusion, support, and enhance feelings of being understood (Phillips, 2020). Such group interventions could promote improved ability to cope with adversity by creating community through the group conversations and activities, reducing feelings of being alone in their experience, bolstering confidence in their professional abilities, providing corrective emotional experiences, and learning from how peers have coped with similar circumstances (Brown, 2016; Lund et al., 2019). At a large level, mental health providers may partner with the fire service to improve quality of training on interpersonal communication skills and fostering supportive bonds between crew members proactively create sense of belonging among minority firefighters.

The findings of this study may lend themselves to counselor education efforts addressing both trauma and cultural aspects of counseling as outlined in the Council for Accreditation of Counseling and Related Educational Programs (CACREP) Standards (CACREP, 2016). The contributions of this study lend themselves to improvement in education on trauma counseling through development of a comprehensive list of risk factors that counselors should be aware of and assess for to promote resiliency after traumatic events (Armstrong et al., 2016; Chu et al., 2019). With further development, the behaviors identified in this study could be incorporated into development of coursework that could aid in training counselors about additional ways of assessing for risk factors and providing appropriate interventions for firefighters (or other first

responders) following traumatic events. The findings of this study also provide unique insights into a frequently unaddressed culture of the workplace and, even more specifically, subcultures that exist within the larger culture of the fire service. In conjunction with education about providing services to individuals that have experienced trauma or vicarious trauma, educating students on the specific culture within which firefighters function is imperative to future counselors understanding the unique social and workplace dynamics that firefighters function within in order to understand how to best address the presenting concerns of the firefighter seeking treatment (Phillips, 2020). Just as it is important to understand and being accepting of the culture within which our general clients have developed and functioned, it is important to be respectful and understanding of the culture of the fire services. This allows us to better understand their experiences and stand by them and advocate with them to the degree they want us to.

Findings from this study indicated lowered sense of belonging based on uncivil behaviors in the workplace. We know from past research that individuals were less likely to draw upon social supports during times of high stress if they did not perceive social support during ordinary social interactions (Lahey & Orehek, 2011; Rodwell & Munro, 2013). This is concerning because although the fire service has been making increased efforts to address mental health issues and increase access to mental health supports such as Employee Assistance Programs (EAP's), mental health and resiliency trainings, Crisis Intervention Debriefings, and peer support programs (IAFF, 2020; Mikulan, 2019), these services may not be accessed if employees already lack confidence in the system. Thus, the supports put in place to aid firefighters experiencing increased mental health symptoms or struggling to cope with job-related traumas and stressors or

even less likely to reach out for help if they experience low levels of belonging within the organization (Lahey & Orehek, 2011; Rodwell & Munro, 2013).

The results of this study are important for the fire service and individual fire departments to consider in their efforts to address overall mental health among their firefighters and underscored a need to take a deeper look at racist and discriminatory behaviors occurring in this profession. These concerns echo concerns of our communities as a whole (Randel et al., 108; Shore et al., 2018) and indicate a need for majority members of the fire service to do their part to shift the culture of the fire service, although this is not an easy task. Additionally, it is important to remember that although acts of incivility may be targeted at individuals, uncivil behaviors and lack of belonging impacts entire crews and this creates a ripple effect shifting the overall culture of the organization and translating to the care provided by firefighters to citizens served in the community as well. In these cases, what begins as a seemingly small act results in greater problems for the organization as a whole such as lawsuits, lack of diversity and ability to serve a diverse population of citizens, stunted department growth, decreased innovation and new ideas, staffing shortages, increased health issues, and increased mental health crises (Lim et al., 2008; Porath, Foulk, et al., 2015; Porath & Pearson, 2012). While each of these is serious in their own regard, this is also relevant to the bottom line which most agencies function from and by investing time and money in proactively manage mental health through interventions that increase efforts to promote behaviors that foster sense of belonging among all firefighters, departments could make a long-term investment into the wellbeing and sustainability of their organization.

Implications for Future Research

The result yielded by this study provide a preliminary understanding of workplace belongingness among minority firefighters, yet they lead to several further questions, and it is clear that future research is needed in this area. As the first study to explore what uncivil behaviors reducing feelings of belongingness among minority firefighters, this study was a small step toward the bigger picture in this research domain. Following with future CM studies on workplace belonging among minority firefighters, ratings could be used to obtain an understanding of which of the behaviors gleaned from this study have the most impact on sense of belonging (Kane & Trochim, 2007). Similarly, based on Kane and Trochim's (2007) recommendations, the rating scale could be used to identify which statements of belonging elicit the strongest emotional responses from participants (e.g., which statements are most likely to induce sadness, anger, fear, etc.). Such studied would contribute to understanding of emotional reactions to incivility and their interaction with sense of belonging. Future research could also look at the alternate side of belonging by prompting participants to generate statements of experiences that promote belonging and follow the same CM process to generate a list of behaviors that promote belonging. This process would highlight the perceived social support aspects of RRT (Lahey & Orehek, 2011) as opposed to looking and perceptions of not having social support and would offer a more well-rounded picture of belonging within the fire service. Further, generating further statements with a larger group of participants from a wider range of states with ranging department demographics (e.g., size, urban, rural, etc.) could also result in a more comprehensive list of statements, which could lend itself to increased generalizability of the results and allow the development of a measure that could be used to assess sense of belonging among minority firefighters. This may also allow for focus on individual minority

populations or expand to looking at belonging in the fire service as a whole. Finally, future research could explore the interaction between experiencing life altering events and perceived sense of belonging, which could lend itself to better understanding how and when minority firefighters draw from social supports in the workplace. This also demonstrates that feelings of non-belonging can coexist with feelings of connection and deep bonding, a complex relationship that would require further research to better understand.

Conclusion

This study illuminated issues that could be further researched and spur important changes in the fire service and for those providing mental health treatment to these first responders by identifying coworker behaviors that hindered feelings of belonging among minority firefighters. As the first study addressing incivility and sense of belonging in this population, it provided a steppingstone for much needed future research in this area by offering an initial idea of behaviors that reduce sense of belonging among minority firefighters, and at the minimum validated experiences that minority firefighters may have previously felt alone in experiencing, a sentiment that was shared by one participant during the focus group. The results of this study can serve as a launching pad for many important discussions not only in the counseling profession, but in the fire service as well as we try to do better as a community to promote wellbeing, resiliency, healing, and reduce mental health stigma for those who serve and protect us daily.

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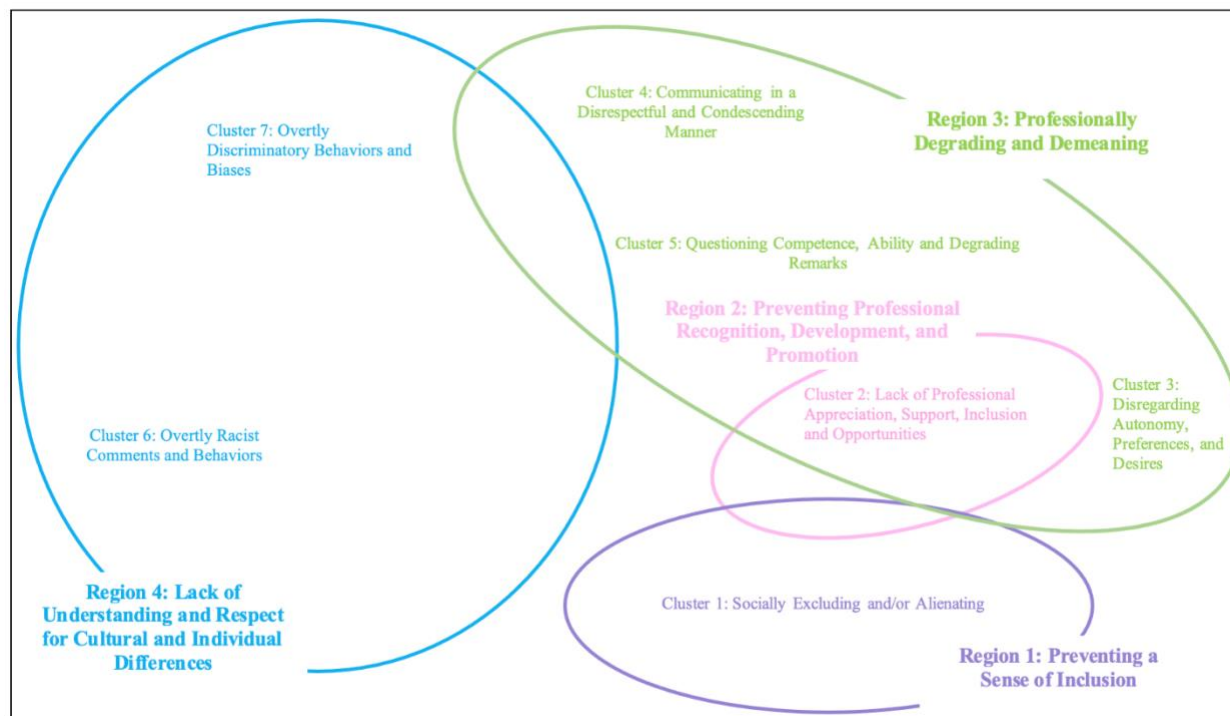
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Appendix A

CLUSTER MAP



Appendix B

FINAL STATEMENT REGIONS AND CLUSTERS

Cluster 1: Socially Excluding and/or Alienating

- 8. Leave me out of team building moments.
- 9. Leave me out of conversations.
- 23. Exclude me from work and after work activities.
- 37. Do not invite me to social gatherings with old crew members.
- 38. When an officer does not acknowledge me but strikes a conversation with the person behind me.
- 45. Overtly whisper to each other where I can see.
- 55. Send out an email for a shift gathering and I hear someone saying they don't want me there.
- 62. Do not include me in conversations.
- 72. Are not inclusive of everyone.

Cluster 2: Lack of Professional Appreciation, Support, Inclusion and Opportunities

- 24. Ridicule common mistakes I make.
- 25. Do not recognize me at the same level of coworkers during team accomplishments.
- 26. Hold me to a higher standard.
- 32. Do not present me with the same opportunities others are offered.
- 33. Do not place value in what I can contribute to tasks.
- 39. Give the impression that I am not worthy of certain training opportunities.
- 48. Don't ask for my advice.
- 49. Don't ask for my opinions.
- 61. Say I must be a new guy.

63. Don't go out of their way to make me feel comfortable.

64. Do not teach me the job.

Cluster 3: Disregarding Autonomy, Preferences, and Desires

27. Tell me that I do not belong at a particular station.

40. Choose to send me on relief to other stations over people at my assigned station.

41. Make decisions for me when I am not there.

44. Have me transferred due to not having certain qualifications (paramedic).

Cluster 4: Communicating in a Disrespectful and Condescending Manner

30. Speak negatively of me to other coworkers.

47. Use vulgar language.

52. Accuse me of trying to get a coworker in trouble.

65. Think they can raise their voice at me, even as my subordinate.

66. Do not address me with my rank.

Cluster 5: Questioning Competence, Ability and Degrading Remarks

1. Say I am not good enough.

3. Say I am weaker.

6. Say I am not experienced enough with no definition of "enough."

7. Ask me why I am doing this at my age.

42. Treat me like I am not qualified because I am not a paramedic.

43. Treat me like I am not qualified because I am not a rescue swimmer.

50. Assume that I know less than they do when it comes to my job.

53. Say I just get special treatment because I am in paramedic class.

54. Say I will never get my medic, that it is just too hard.

- 60. Ask who taught me how to fight fire.
- 73. Automatically assume that I am in EMS and not suppression.

Cluster 6: Overtly Racist Comments and Behaviors

- 5. Say I was hired because city needs people that are my race.
- 10. Do not know how to talk to and interact with people of color (POC).
- 11. Say there aren't a lot of my people [i.e., people of color (POC)].
- 12. Comment on my desire to be on the dive team because they didn't think black people liked water.
- 13. Make general comments about my athletic build as a person of color (POC).
- 14. Refer to me personally as some sort of Mexican food.
- 15. Berate me for not speaking Spanish.
- 16. Tell me I am the whitest Mexican they know.
- 17. Say I should be doing the landscaping around the station.
- 18. Say that I might have to "go back to Mexico" when "they" build the wall.
- 19. Make racial jokes.
- 20. Imply that I'm "one of the good ones" as a POC.
- 22. Make racist statements.
- 31. Mockingly imitate an Asian accent.
- 34. Talk about the wall that is supposed to be built along the US border.
- 35. Speak to me in Spanish.
- 36. Assume that I speak Spanish.
- 46. Say something offensive, then look at me and say, "No offense."
- 51. Say people should learn how to speak English because they are in the USA.

- 56. Say, even though I have been here in the U.S. long enough, I still can't drive.
- 57. Assume I know how to cook Mexican food, thinking I'm Mexican but I'm actually Cuban.
- 58. Ask me if I came to the country legally.
- 59. Say my accent is too strong and they cannot understand me.
- 67. Say things about people of my race amongst other firefighters.
- 71. Treat people differently due to race.

Cluster 7: Overtly Discriminatory Behaviors and Biases

- 2. Comment on me being liberal.
 - 4. Say I am a post-surgery risk.
 - 21. Repeat stereotypes.
 - 28. Do not recognize my cultural values compared to their own.
 - 29. Perceive me as less intelligent than themselves.
 - 68. Talk badly about the citizens that we serve.
 - 69. Make comments about the neighborhoods that are within our city.
 - 70. Do not understand their unconscious bias.
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APPENDICES

Appendix A**INSTRUCTIONS FOR GENERATION OF HINDERING STATEMENTS**

Please use the text boxes below to generate SHORT PHRASES OR SENTENCES that describe coworker behaviors that have resulted in **DECREASED** feelings of belonging in your workplace. You may consider your past and current experiences in your workplace that have influenced your sense of belonging. The term belonging or belongingness refers to “the extent to which the individual feels personally accepted, respected, included and supported by others in the organisational environment” (Cockshaw & Shochet, 2010, p. 284). To complete this process, you may also consider experiences in prior fire departments as well if you have worked in different departments in the past. In the boxes below, please complete the prompt provided by listing AS MANY STATEMENTS AS POSSIBLE based on your personal experiences as a *minority firefighter*. Please be AS CLEAR AND CONCRETE AS POSSIBLE.

I feel as if I do NOT belong in my workplace when my coworkers (do/say):

1. _____.
2. _____.
3. _____.
4. _____.
5. _____.
6. _____.
7. _____.
8. _____.

The researcher will reach out via email to provide the monetary incentive for your participation and to notify you of the date for the second round of data collection. To receive

your \$5 for your participation, please provide your email below. Providing your email here does not mean you are required to participate in the further data collection. Thank you for your participation in this study!

Email: _____

Appendix B

FIRE DEPARTMENT REQUEST FOR PARTICIPATION

Subject: Civility of Coworker Behaviors and Minority Firefighters' Belongingness in the Workplace

Dear [insert department name] Fire Department Administration,

We are a research team including a faculty member and a doctoral student from the Old Dominion University Counseling Program. We are contacting you as we are starting a research study on how civil behaviors impact belonging among minority firefighters. It is our hope that this research will inform counselor education, clinical practice, and advocacy efforts to address the unique needs of minority firefighters with the aim of promoting mental health programs in the community as well as within the fire service. If you could circulate this request to professional firefighters of any rank in your department who self-identify as a minority (racial/ethnic, gender, and/or sexual orientation), we will appreciate your assistance in identifying individuals interested in participating in this study.

In this study, we aim to examine minority firefighters' descriptions of behaviors that promote or hinder their sense of belongingness in their workplace and seek to understand the strength of specific behaviors in comparison to other behaviors impacting the feelings of belongingness among minority firefighters. We will be using concept mapping as the study's methodology. This study has been approved by the Institutional Review Board at Old Dominion University (IRB Protocol 1317266-2).

About your participation:

If you volunteer to participate in this study, you are asked to read and sign a consent form, as well as complete a demographic questionnaire and a series of data collection procedures conducted at three different times over the next six months: (1) generation of statements (30 minutes), (2) two statements sorting and rating tasks, one week apart (60 -90 minutes each), and (3) an optional focus group session (90-120 minutes). All rounds of data collection will be conducted online and make every effort to ensure anonymity and confidentiality for all participants.

Round 1: In this data collection round, you will be asked to complete a demographic questionnaire form as well as a generation of statements survey online. If you are interested in participating in the second round of data collection, you will provide your email on the demographic form.

Round 2: In this data collection round, you will receive a link to an online sorting program (provenbyusers.com) that includes the statements created by all participants in Round 1 as well as sorting instructions. After sorting the statements, you will be automatically redirected to a survey requesting that you rate all statements according to how much they impact your sense of belonging. Because we are looking at behaviors that both promote and hinder a sense of belonging, you will be asked to complete one sorting and rating task, then another sorting and rating task one week later. Please complete this step individually and privately. You will receive

a couple reminders from the researchers to complete the task. After you have completed both sorting and rating tasks, you will be asked to indicate your interest in participating in the last round of data collection, the focus group.

Round 3: In the focus group session, participants will interpret the results that emerged after the sorting and rating of statements. The researchers will contact you regarding the time and the location of the focus group. If you agree to participate in the focus group sessions, you also are consenting to respect the privacy of other group members. You are agreeing to not ask for other group members' names, and to keep identifying information and responses during the focus group session confidential, meaning that you will not discuss other participants or what is stated during the focus groups outside of this research study.

Compensation: You will be compensated for your participation in the current study. You will receive \$5 for your participation in the first round of data collection, \$10 for the second round, and \$35 for the third round. In total, you will have the chance to receive \$50 if you participate in all three rounds of data collection. All payments for participation will be made using an e-gift card or Venmo.

We appreciate your time and are eager to get your perspectives as we strive to explore coworker behaviors that impact sense of belonging among minority firefighters. We would greatly appreciate if you share your experiences with us!

If you decide to participate, please use the following link to the study's website for further information and to complete an informed consent, demographic questionnaire, and first round of data collection: <https://sites.google.com/email.arizona.edu/firefighterbelonging/home>

Should you have any questions please do not hesitate to contact Dr. Gülşah Kemer at gkemer@odu.edu or Alyssa Reiter at areit001@odu.edu.

Thank you for your consideration!

Sincerely,

Alyssa Reiter, Ph.D. Candidate, LPC
Graduate Student Investigator
Old Dominion University
areit001@odu.edu

Gülşah Kemer, PhD, NCC, ACS
Responsible Principal Investigator
Old Dominion University
gkemer@odu.edu

Appendix B

FIREFIGHTER REQUEST FOR PARTICIPATION

Subject: Civility of Coworker Behaviors and Minority Firefighters' Belongingness in the Workplace

Dear Firefighter,

We are a research team including a faculty member and a doctoral student from the Old Dominion University Counseling Program. We are contacting you as we are starting a research study on how civil behaviors impact belonging among minority firefighters. It is our hope that this research will inform counselor education, clinical practice, and advocacy efforts to address the unique needs of minority firefighters with the aim of promoting mental health programs in the community as well as within the fire service. If you self-identify as a minority (racial/ethnic, gender, and/or sexual orientation), we will appreciate your participation in this study. Please forward this message to other minority firefighters who may be interested in this research as well.

In this study, we aim to examine minority firefighters' descriptions of behaviors that promote or hinder their sense of belongingness in their workplace and seek to understand the strength of specific behaviors in comparison to other behaviors impacting the feelings of belongingness among minority firefighters. We will be using concept mapping as the study's methodology. This study has been approved by the Institutional Review Board at Old Dominion University (IRB Protocol 1317266-2).

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If you volunteer to participate in this study, you are asked to read and sign a consent form, as well as complete a demographic questionnaire and a series of data collection procedures conducted at three different times over the next six months: (1) generation of statements (30 minutes), (2) two statements sorting and rating tasks, one week apart (60 -90 minutes each), and (3) an optional focus group session (90-120 minutes). All rounds of data collection will be conducted online and make every effort to ensure anonymity and confidentiality for all participants.

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a couple reminders from the researchers to complete the task. After you have completed both sorting and rating tasks, you will be asked to indicate your interest in participating in the last round of data collection, the focus group.

Round 3: In the focus group session, participants will interpret the results that emerged after the sorting and rating of statements. The researchers will contact you regarding the time and the location of the focus group. If you agree to participate in the focus group sessions, you also are consenting to respect the privacy of other group members. You are agreeing to not ask for other group members' names, and to keep identifying information and responses during the focus group session confidential, meaning that you will not discuss other participants or what is stated during the focus groups outside of this research study.

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We appreciate your time and are eager to get your perspectives as we strive to explore coworker behaviors that impact sense of belonging among minority firefighters. We would greatly appreciate if you share your experiences with us!

If you decide to participate, please use the following link to the study's website for further information and to complete an informed consent, demographic questionnaire, and first round of data collection: <https://sites.google.com/email.arizona.edu/firefighterbelonging/home>

Should you have any questions please do not hesitate to contact Dr. Gülşah Kemer at gkemer@odu.edu or Alyssa Reiter at areit001@odu.edu.

Thank you for your consideration!

Sincerely,

Alyssa Reiter, Ph.D. Candidate, LPC
Graduate Student Investigator
Old Dominion University
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Gülşah Kemer, PhD, NCC, ACS
Responsible Principal Investigator
Old Dominion University
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Appendix C

INFORMED CONSENT

PROJECT TITLE: Civility of Coworker Behaviors and Minority Firefighters' Belongingness in the Workplace

Principle Investigator: Dr. Gülşah Kemer, Ph.D., NCC, ACS, Department of Counseling and Human Services, College of Education

Graduate Student Investigator: Alyssa Reiter, M.S.Ed., LPC, Doctoral Candidate in Counselor Education and Supervision, Department of Counseling and Human Services, College of Education

DESCRIPTION OF RESEARCH STUDY

In this study, the researcher will examine civil and uncivil behaviors that influence sense of belonging among minority firefighters in their workplace. Firefighters, particularly minority firefighters, are at increased risk for developing mental health symptoms (e.g., depression, anxiety, PTSD, and substance abuse). Belongingness has been linked to greater resiliency and reduced mental health symptoms and civil behaviors may play a role in promoting or hindering sense of belonging. To date, no research has explored specific workplace dynamics that influence the wellbeing of minority firefighters as a whole. Therefore, this dissertation study will aim to examine minority firefighters' descriptions of behaviors that promote or hinder their sense of belongingness in their workplace and seek to understand the strength of specific behaviors in comparison to other behaviors impacting the feelings of belongingness among minority firefighters. The results of this study can be used to inform counseling practice with minority firefighters, promote further multicultural training specific to the profession of firefighting, and may serve to develop further programming for mental health in the fire service.

If you volunteer to participate in this study, you are asked to read and sign a consent form, as well as complete a demographic questionnaire and a series of data collection procedures conducted at three different times over the next six months: (1) generation of statements (30 minutes), (2) two statements sorting and rating tasks, one week apart (60 -90 minutes each), and (3) an optional focus group session (90-120 minutes). All rounds of data collection will be conducted online and make every effort to ensure anonymity and confidentiality for all participants.

INCLUSION CRITERIA

You must be a professional firefighter in the United States to participate in this study. Additionally, you must self-identify as a gender, racial, ethnic, and sexual orientation minority within your department.

RISKS AND BENEFITS

RISKS: If you decide to participate in this study you may face a risk of your identity being revealed to other focus group participants. Otherwise, your name will never be revealed. The researchers are ethically and legally bound to protect participants' identities and responses in the

focus groups. The researcher, however, cannot guarantee that other focus group participants will keep participants' identities and responses confidential. The researchers will try to remove any risks by removing all linking identifiers, describing the confidential nature of this research to all the research participants, and keeping all research documents on a password protected computer. Further, all participants will participate in a Zoom focus group using only their participant ID with the option of using only the chat to provide responses and no video feature. Some of the behaviors you are requested to reflect on during this research may result in emotional discomfort or distress. The researcher will be available to address any questions or concerns that arise and will provide additional mental health resources if further support is needed. As with any research, there is some possibility that you may be subject to risks that have not yet been identified.

BENEFITS: The main benefit to you for participating in this study is you will have the opportunity to reflect on your experiences as a professional firefighter. This study will have implications for counseling, counselor education, and the fire service. The findings will advance our knowledge on behaviors that promote and hinder belonging among minority firefighters in hopes of identifying specific behaviors that can be either increased or reduced to promote resiliency and mitigate the development of mental health symptoms in a profession where stress and trauma are inevitable.

COSTS AND PAYMENTS

The researchers want your decision about participating in this study to be voluntary. The only cost to you from participating in this study is your time.

NEW INFORMATION

If the researchers find new information during this study that would reasonably change your decision about participating, then they will share it with you.

CONFIDENTIALITY

The researchers will take reasonable steps to keep all private information obtained in this study (e.g., demographic questionnaire, generated statements) confidential unless disclosure is required by law. Data will be entered into a password-protected, encrypted computer that only the research team members have access to. Also, the number of people who can access data will be restricted to the research team members. The data collected through this study will be kept for seven years following completion of this study. At the end of seven years, data on computer files will be completely erased and destroyed, and paper documents will be shredded. Only summarized data will be presented at meetings, in presentations, reports, and publications. However, the researcher will not identify you in these presentations. Only if your records are subpoenaed by court order or inspected by government bodies with oversight authority, will the data be shared with the necessary parties.

WITHDRAWAL PRIVILEGE

Even if you volunteer to participate in the current study, you are free to end an online data collection or withdraw from the study at any time. Your decision will not affect your relationship with Old Dominion University, or otherwise cause a loss of benefits to which you might otherwise be entitled.

COMPENSATION FOR ILLNESS AND INJURY

If you volunteer to participate in the current study, your consent in this document does not waive any of your legal rights.

INCENTIVES

You will receive \$5 for your participation in the first round of data collection, \$10 for the second round, and \$35 for the third round. In total, you will have the chance to receive \$50 if you participate in all three rounds of data collection. All payments for participation will be made using an e-gift card or Venmo.

VOLUNTARY CONSENT

By signing this form, you are saying several things. You are saying that you have read this form or have had it read to you, that you are satisfied that you understand this form, the research study, and its risks and benefits. The researchers should have answered any questions you may have had about the research. If you have any questions later on, then the researchers should be able to answer them.

If you have questions, concerns, or complaints, please contact the Responsible Project Investigator, Dr. Gülşah Kemer, at gkemer@odu.edu or 757-683-3225.

This research has been reviewed and approved by the Old Dominion University Darden School of Education and Professional Studies IRB. You may contact Dr. Laura Chezan (lchezan@odu.edu), the current IRB chair, at 757-683-6696, or the Old Dominion University Office of Research, at 757-683-3460.

Importantly, by signing below, you are telling the researcher YES, you agree to participate in this study. The researcher should give you a copy of this form for your records.

_____ Subject's Printed Name & Signature	_____ Date
_____ Parent / Legally Authorized Representative's Printed Name & Signature	_____ Date
_____ Witness' Printed Name & Signature (if Applicable)	_____ Date

Appendix D

DEMOGRAPHIC QUESTIONNAIRE

Before completing the remainder of this demographic survey, please create your participant ID using your home address number. This will be the number utilized to identify yourself throughout the rest of the study in order to protect confidentiality:

Participant ID (home address number [i.e., 1234]): _____

Please answer the following demographic questions in the spaces provided.

- 1. Age:** _____

- 2. How do you identify your gender?**
 _____ Female
 _____ Male
 _____ Non-binary
 _____ Other (please specify): _____

- 3. How do you identify your racial/ ethnic background?**
 _____ African American/ Black
 _____ Asian/Pacific Islander
 _____ Hispanic/Latino(a)
 _____ Native American/ Alaska Native
 _____ White (non-Hispanic)
 _____ Multiracial
 _____ Other: _____

- 4. Where are you originally from (state/province and country)?** _____

- 5. Where are you currently employed as a professional firefighter (state)?** _____

- 6. How many years have you been in the fire service?** _____

- 7. Did you begin your work in the fire service as a volunteer firefighter?**
 _____ Yes
 _____ No

- 8. What is your current departmental rank?**
 _____ Rookie/Probationary Firefighter
 _____ Firefighter
 _____ Master Firefighter
 _____ Captain
 _____ Chief

_____ Fire Administration

_____ Other: _____

- 9. Have you experienced a life altering experience in your work as a firefighter (e.g., near death experience of self or coworker, or a citizen rescue) that has resulted in a stronger bond between you and your co-workers?**

_____ Yes

_____ No

Appendix E

DEBRIEFING STATEMENT

Thank you for your participation in this study on belonging among minority firefighters. The present study seeks to understand how coworker interactions influence a sense of belonging among minority firefighters. Your contributions to this study are invaluable in advancing our understanding of the impact of social contexts on sense of belonging and overall mental health of firefighters.

If you have any questions regarding this study, please feel free to reach out the doctoral student researcher, Alyssa Reiter (602-618-3753; areit001@odu.edu) or to the primary investigator, Dr. Gülşah Kemer (gkemer@odu.edu).

In the event that your participation in this study has caused you emotional or psychological distress, we encourage you to reach out to Alyssa Reiter (602-618-3753; areit001@odu.edu) for further support. If you are unable to contact the individuals conducting this study, please reference the following resources:

National Suicide Prevention Lifeline: Dial 800-273-TALK (8255)

Crisis Text Line: Text “HOME” to 741741

Veterans Crisis Line: Call 1-800-273-8255 and Press 1, or text 838255

If you are interested in further mental health counseling, the following link includes providers that specialize in mental health services for firefighters and other first responders:

<https://www.nvfc.org/wp-content/uploads/2020/06/Behavioral-Health-Professionals-Directory.pdf>

Sincerely,

Alyssa Reiter, Ph.D. Candidate, LPC

Graduate Student Investigator

Old Dominion University

areit001@odu.edu

Gülşah Kemer, PhD, NCC, ACS

Responsible Principal Investigator

Old Dominion University

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Appendix F

INELIGIBILITY EMAIL

Dear participant,

Thank you for the time you took to participate in the first phase of data collection for the study “Civility of Coworker Behaviors and Minority Firefighters’ Belongingness in the Workplace.” I am contacting you to inform you that, due to not meeting the criteria required for this study, I will not be requesting your participation in the next phase of data collection. I appreciate your interest in participating in this research and am grateful for your contributions up to this point.

Should you have any questions please do not hesitate to contact Dr. Gülşah Kemer at gkemer@odu.edu or Alyssa Reiter at areit001@odu.edu.

Sincerely,

Alyssa Reiter, Ph.D. Candidate, LPC
Graduate Student Investigator
Old Dominion University
areit001@odu.edu

Gülşah Kemer, PhD, NCC, ACS
Responsible Principal Investigator
Old Dominion University
gkemer@odu.edu

Appendix G

INSTRUCTIONS FOR SORTING STATEMENTS

Welcome Message

The purpose of this sorting task is to organize the statements provided into groups that you believe represent promoting or hindering your sense of belongingness. Each of the statements represent coworker behaviors that minority firefighters have indicated **hinder a sense of belonging** in their workplace. Once you have organized the statements into groups, you will label each group with a word or phrase that represents the statements within that group. Please follow the below guidelines when sorting your statements:

4. Statements cannot be sorted into a single group, so there must be more than one group with no limit to the number of groups you can create,
5. A single statement can make up one group but please use this strategy for only those that do not seem to fit any of your groups,
6. A statement may only be assigned to one group. If a statement seems to fit into multiple groups, choose which group the statement fits *best* with.

Instructions

1. Drag cards from the left to the right side of the page to create a new group. After you create a group you can rename it by clicking on the name.
2. Drag the items from the left into the best suited groups on the right. Be sure to categorize all the items, but take as much or as little time as you need. If you need extra room, use the arrow buttons next to the group name to expand and collapse the groups.
3. Once you have categorized all items, use the button at the top of the page to Submit and end the card sort.

Thank You!

I greatly value your feedback. You will now be directed to a Qualtrics form asking you to rate each of the statements you just sorted.

Appendix H

FOCUS GROUP AGENDA

1. Greeting
2. Review of the purpose of the study and the focus group
3. Summarization of the first Two Rounds of Data Collection
4. Introduction to the Third Round of Data Collection (task instructions)
5. Q & A
6. Presentation of Maps
 - a. Point Map
 - b. Cluster Map
7. Examination and Labeling of Clusters, regions, and dimensions
8. Presentation of Ratings
9. Discussion of Ratings

Your monetary incentive for participation in the focus group will be sent to you at the end of today's meeting.

Appendix I

FINAL STATEMENT REGIONS AND CLUSTERS

Cluster 1: Socially Excluding and/or Alienating

- 8. Leave me out of team building moments.
- 9. Leave me out of conversations.
- 23. Exclude me from work and after work activities.
- 37. Do not invite me to social gatherings with old crew members.
- 38. When an officer does not acknowledge me but strikes a conversation with the person behind me.
- 45. Overtly whisper to each other where I can see.
- 55. Send out an email for a shift gathering and I hear someone saying they don't want me there.
- 62. Do not include me in conversations.
- 72. Are not inclusive of everyone.

Cluster 2: Lack of Professional Appreciation, Support, Inclusion and Opportunities

- 24. Ridicule common mistakes I make.
- 25. Do not recognize me at the same level of coworkers during team accomplishments.
- 26. Hold me to a higher standard.
- 32. Do not present me with the same opportunities others are offered.
- 33. Do not place value in what I can contribute to tasks.
- 39. Give the impression that I am not worthy of certain training opportunities.
- 48. Don't ask for my advice.
- 49. Don't ask for my opinions.
- 61. Say I must be a new guy.

63. Don't go out of their way to make me feel comfortable.

64. Do not teach me the job.

Cluster 3: Disregarding Autonomy, Preferences, and Desires

27. Tell me that I do not belong at a particular station.

40. Choose to send me on relief to other stations over people at my assigned station.

41. Make decisions for me when I am not there.

44. Have me transferred due to not having certain qualifications (paramedic).

Cluster 4: Communicating in a Disrespectful and Condescending Manner

30. Speak negatively of me to other coworkers.

47. Use vulgar language.

52. Accuse me of trying to get a coworker in trouble.

65. Think they can raise their voice at me, even as my subordinate.

66. Do not address me with my rank.

Cluster 5: Questioning Competence, Ability and Degrading Remarks

1. Say I am not good enough.

3. Say I am weaker.

6. Say I am not experienced enough with no definition of "enough."

7. Ask me why I am doing this at my age.

42. Treat me like I am not qualified because I am not a paramedic.

43. Treat me like I am not qualified because I am not a rescue swimmer.

50. Assume that I know less than they do when it comes to my job.

53. Say I just get special treatment because I am in paramedic class.

54. Say I will never get my medic, that it is just too hard.

60. Ask who taught me how to fight fire.

73. Automatically assume that I am in EMS and not suppression.

Cluster 6: Overtly Racist Comments and Behaviors

5. Say I was hired because city needs people that are my race.

10. Do not know how to talk to and interact with people of color (POC).

11. Say there aren't a lot of my people [i.e., people of color (POC)].

12. Comment on my desire to be on the dive team because they didn't think black people liked water.

13. Make general comments about my athletic build as a person of color (POC).

14. Refer to me personally as some sort of Mexican food.

15. Berate me for not speaking Spanish.

16. Tell me I am the whitest Mexican they know.

17. Say I should be doing the landscaping around the station.

18. Say that I might have to "go back to Mexico" when "they" build the wall.

19. Make racial jokes.

20. Imply that I'm "one of the good ones" as a POC.

22. Make racist statements.

31. Mockingly imitate an Asian accent.

34. Talk about the wall that is supposed to be built along the US border.

35. Speak to me in Spanish.

36. Assume that I speak Spanish.

46. Say something offensive, then look at me and say, "No offense."

51. Say people should learn how to speak English because they are in the USA.

- 56. Say, even though I have been here in the U.S. long enough, I still can't drive.
- 57. Assume I know how to cook Mexican food, thinking I'm Mexican but I'm actually Cuban.
- 58. Ask me if I came to the country legally.
- 59. Say my accent is too strong and they cannot understand me.
- 67. Say things about people of my race amongst other firefighters.
- 71. Treat people differently due to race.

Cluster 7: Overtly Discriminatory Behaviors and Biases

- 2. Comment on me being liberal.
 - 4. Say I am a post-surgery risk.
 - 21. Repeat stereotypes.
 - 28. Do not recognize my cultural values compared to their own.
 - 29. Perceive me as less intelligent than themselves.
 - 68. Talk badly about the citizens that we serve.
 - 69. Make comments about the neighborhoods that are within our city.
 - 70. Do not understand their unconscious bias.
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